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COUNTY BOROUGH OF BLACKBURN

Education Committee

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# Annual Report

UPON THE  
SCHOOL MEDICAL SERVICE  
FOR THE YEAR 1929

BY

**V. T. THIERENS**

M.B., Ch.B., D.P.H.  
School Medical Officer

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BLACKBURN:  
THE "TIMES" PRINTING WORKS, NORTHGATE



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MEMBERS OF THE EDUCATION COMMITTEE,  
December, 1929.

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The Mayor (Alderman Luke Bates, J.P.)

\*† Alderman Sir William Forrest, O.B.E., J.P. (Chairman).

\*† Alderman J. Smethurst (Vice-Chairman; Chairman Elementary Education Sub-Committee).

\*† Alderman H. Watson, J.P.      \*† Rev. J. E. Samuel, M.A.  
\*       ,,      G. Burke, J.P.      (Chairman School Attendance  
Reference Sub-Committee).

\*       ,,      J. Johnson, J.P.      \*† Rev. G. Anderson, J.P.

\* Councillor Hargreaves.      \* Rev. T. Singleton.

\*†       ,,      B. Holden.      \* Rev. A. Boddington, M.A.

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M.D.

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\*       ,,      H. Beardwood.      \*† S. Bamber, Esq.

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\*       ,,      Townsend.      \*† H. J. Harvey, Esq., J.P.

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\* Rev. Canon Sinker, R.D.      \*† J. Stanworth, Esq., J.P.

J. F. CARR, B.Sc.,      \*† Miss Eccles.

*Director of Education.*      SIR LEWIS BEARD,  
Town Clerk.

\* Elementary Education Sub-Committee.

† School Attendance Reference Sub-Committee.

## STAFF OF THE SCHOOL MEDICAL SERVICE.

*Medical Officer of Health and School Medical Officer:*  
V. T. THIERENS, M.B., Ch.B., D.P.H.

*Deputy School Medical Officer:*  
G. C. F. ROE, M.B., Ch.B., D.P.H., D.P.M. (Resigned, February, 1929).  
IAN M. MACLACHLAN, M.D., D.P.H.

*Assistant School Medical Officers:*  
CECIL B. HOGG, M.D. (Aberd.), D.P.H. (Lond.).  
ELLA G. F. MACKENZIE, M.A., M.D. (Edin.), D.P.H.  
(Birmingham).

*School Dentists:*  
HARRY YATES, L.D.S. (Liverpool).  
E. S. POULTER, L.D.S. (Manchester).

*Ophthalmic Surgeon (part time):*  
J. M. WISHART, M.B., Ch.B., F.R.C.S. (Edin.).

*School Nurses:*  
E. BARTON, A. GARSTANG, A. MORAN, M. BAMBER, A. STEAD.

*Remedial Gymnast:*  
MARGERY C. RANDALL.

## SCHOOL CLINICS.

NAME.	PURPOSE.	WHERE HELD.	TIMES.
Inspection Clinic.	Special Examination of Cases Referred by Teachers, School Attendance Officers and School Nurses.	68, Victoria Street.	Wednesdays, 2 p.m.; Saturdays, 9-30 a.m.
Ophthalmic Clinic.	Prescription of Spectacles.	68, Victoria Street.	Mondays, 1-30 p.m. Fridays, 1-30 p.m.
Dental Clinic.	Dental Treatment.	"	Every week-day (by appointment).
Minor Ailments Clinic.	Treatment of Minor Diseases of Skin, etc.	68, Victoria Street.	Every week-day, at 8-45 a.m.
"	"	All Saints School, Bolton Road.	Mondays to Fridays at 2-0 p.m.; Saturdays, 9-0 a.m.
Cleansing Station.	Treatment of Scabies and Cleansing of Verminous Cases.	Throstle Street.	Tuesdays & Thursdays (by appointment).
Throat Clinic.	Operative Treatment of Adenoids and Enlarged Tonsils (Out-Patients).	Blackburn & East Lancs. R. Infirmary	Arranged as required.
"	,, (In-Patients).	Queen's Pk. Hospital.	Arranged as required.
Remedial Exercises.	Treatment of Deformities.	68, Victoria Street.	Every week-day (by appointment).
Diphtheria Immunisation Clinic.	Prevention of Diphtheria.	68, Victoria Street.	Mondays, 10—11 a.m. Mondays, 4—5-30 a.m. Thursdays, 10—11 a.m.
X-Ray Clinic.	Treatment of Ringworm.	68, Victoria Street.	Wednesdays, 2—5 p.m.

To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my Second Annual Report, the 26th of the series, on the work of the School Medical Service.

I again wish to acknowledge my indebtedness to the Director of Education for his unfailing help and courtesy and to all members of the School Medical Service for the loyal and enthusiastic manner in which they have, without exception, discharged their duties.

My thanks are due to Mr. Fowler and to Mr. Walsh for the accurate care they have devoted to the compilation of the statistics contained in this report.

Dr. Briggs and Dr. Wishart have again rendered valuable service, and by their advice and interest have greatly helped the work.

The year under review has been one of progress. Arrangements were made during 1929 for the formation of a Myope School; sanction has been obtained for the X-ray treatment of ringworm, the Nursery Class movement, inaugurated in 1928, has been considerably extended, and a Diphtheria Prevention Clinic established. The passing of the Local Government Act, 1929, and the consequent transfer of the Institution from the Guardians to the Town Council on April 1st will, no doubt, enable you to further extend your services in an economic manner, and, in so doing, to co-ordinate the School Medical Service even more closely with the Council's General Health Service.

Such progress as has been made is due, Mr. Chairman, Ladies and Gentlemen, to the foresight you have displayed and to your invariable support of all members of the School Medical Service in general and of myself in particular.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

V. T. THIERENS,

School Medical Officer.

Public Health Dept.,

Blackburn.

March, 1930.

## Section 1.

### CO-ORDINATION.

The School Medical Officer is also Medical Officer of Health. The Assistant School Medical Officer is also Assistant Medical Officer of Health, and the lady Assistant Medical Officer devotes one session per week to duties in connection with the School Medical Service. The Tuberculosis Officer, who is also Deputy Medical Officer of Health and Deputy School Medical Officer, conducts routine medical inspections from time to time and, in addition, is responsible for the supervision of Tuberculosis contacts of school age. The whole of the Medical Staff are consequently familiar with the work of the School Medical Service, their duties in connection with which bring about close co-operation between the different branches of the Health Department.

The record cards of children who have attended the Maternity and Child Welfare Centres are transferred to the School Medical Department upon the children commencing attendance at a Public Elementary School or Nursery Class. Children under the age of five who are attending School come under the care of the Education Authority, and are medically examined as soon as possible after the school career is begun.

### SCHOOL HYGIENE.

On the occasion of each routine medical inspection the Medical Inspector surveys and reports upon the sanitary condition of the premises. Structural and other defects noted are reported to the Director of Education with the recommendations of the Medical Officer who has conducted the sanitary survey.

### STRUCTURAL WORK AND DECORATIONS CARRIED OUT IN THE ELEMENTARY SCHOOLS.

I have to thank the Borough Engineer for the following details of the work carried out during the year:—

The following Schools were re-decorated during the year:— Holy Trinity, Emmanuel, St. Alban's R.C. Boys, Maudsley Street, Moss Street.

The whole of the floors of Wensley Fold and St. Peter's C.E. Schools, and a portion of the floors at Audley Range School, have been taken up and re-boarded.

The whole of the stonework of the front of Whalley Range School has been pointed.

Repairs have been carried out to the roofs of Blakey Moor School.

A new range of Lavatories has been installed at Four Lanes End School.

The Conveniences at the whole of the Schools have been whitewashed during the year, and the roofs, gullies, gutters, etc., of the Council Schools have been overhauled.

#### SANITARY ACCOMMODATION IN SCHOOLS.

A survey of the sanitary accommodation available for scholars attending the Elementary Schools in the Borough was made towards the end of the year.

The following is a table showing the sanitary accommodation available in the Blackburn Schools:—

Table I.

	School Population	Water Closets			Urinals		Remarks
		No. of pedestal W.C.'s flushed with separate cisterns	No. of pedestal W.C.'s flushed with automatic cisterns	No. of trough closets together with No. of seats flushed automatically	By Hand	No. with sparge pipes	
Accrington Road C. ....	502	27	..	..	..	18	
Audley Range C. ....	313	..	..	13	..	6	
Bank Top C. ....	337	2	..	..	12	..	6
Bangor Street C. ....	373	..	25	..	..	..	..
Blakey Moor Central ....	737	7	28	..	..	20	
Cedar Street C. ....	420	18	..	..	..	16	
Christ Church C.E. ....	596	..	15	5	5	7	8
Emmanuel C.E. ....	381	..	..	21	..	..	10
Furthergate C. ....	302	..	..	14	..	8	..
Four Lane Ends C. ....	130	..	..	6	..	..	10
Griffin C.E. ....	320	2	12	..	..	10	6
Holy Trinity C.E. ....	464	3	13	..	..	..	10
Lower Darwen C. ....	111	..	..	9	..	..	5
Mill Hill C. ....	295	..	14	7	..	..	20
Maudsley Street British ....	293	1	..	9	..	8	..
Moss Street C. ....	333	2	11	..	..	..	10
C. of E. Central ....	464	2	13	..	..	18	..
Park Road C. ....	514	13	..	..	..	..	4
Regent Street Special ....	23	2	6	..	..	3	..
St. Aidan's C.E. ....	280	12	4	..	..	..	10
St. Alban's R.C. ....	862	16	..	..	..	..	10
St. Alban's Hr. Grade (Boys) ....	116	6	..	..	..	..	10
St. Anne's R.C. ....	759	2	..	20	..	..	9
St. Andrew's C.E. ....	219	..	..	11	..	..	6
St. Barnabas' C.E. ....	454	..	13	..	..	..	8
St. Bartholomew's C.E. ....	255	..	..	13	..	..	12
St. Gabriel's C.E. ....	119	..	..	7	..	..	4
St. James' C.E. ....	221	1	9	..	..	..	8
St. James' C.E. (Black-a-Moor) ....	96	..	3	4	..	..	..
St. James' C.E. (Guide) ....	108	..	..	10	..	..	6
St. John's C.E. ....	616	..	..	23	..	9	..
St. Joseph's R.C. ....	522	2	..	14	..	..	9
St. Luke's C.E. ....	291	..	14	..	..	..	9
St. Peter's R.C. ....	443	1	19	..	..	17	..
St. Michael's C.E. ....	251	..	..	6	6	4	..
St. Matthew's C.E. ....	349	1	..	12	..	..	10
St. Mary's R.C. ....	516	1	..	10	..	4	4
St. Paul's C.E. ....	375	..	13	..	..	4	..
St. Peter's C.E. ....	275	15	..	..	..	..	15
St. Stephen's C.E. ....	320	1	..	21	..	..	7
St. Silas' C.E. ....	356	..	16	..	..	6	6
St. Thomas' C.E. ....	536	..	12	..	..	..	12
Sacred Heart R.C. ....	133	1	..	8	..	3	..
Wensley Fold C.E. ....	277	2	5	..	3	10	..
Witton C.E. (Infants) ....	66	..	6	..	..	6	..
Roe Lee Park ....	219	17	..	..	..	18	..
<b>Totals.....</b>		<b>157</b>	<b>251</b>	<b>243</b>	<b>26</b>	<b>232</b>	<b>244</b>

## ROE LEE PARK COUNCIL JUNIOR SCHOOL.

Opened on the 11th July, 1929,

by

ALDERMAN SIR WILLIAM FORREST, O.B.E.

Roe Lee Park Council Junior School has been built to provide for the Brownhill district of the Borough, where the Corporation have recently erected 396 houses around Roe Lee Park. It is the first post-war School to be erected in the Borough.

The site is situated 526 feet above sea-level, and is  $4\frac{1}{2}$  acres in extent. It is bounded on the north and west by Roe Lee Housing Scheme and partly on the east by the New Arterial Road; thus it will be seen that the cost of street works has been almost eliminated.

Separate entrances to the playgrounds and school are provided for boys and girls from Emerald Street, and access to the playing field outside school hours is from Brownhill Drive and Beryl Street. In addition to the paved playgrounds a full-size football pitch is provided for boys, a hockey pitch for girls, together with school gardens. The playing fields may be used also by children in attendance at other public elementary schools.

The plan of the school is such that the classrooms may be thrown open to a quadrangle arranged so that each room receives the maximum of sun and air.

The position of the school on the site is arranged with a view to probable future extensions, so that when necessary, and as required, it can be extended to double its present accommodation by building round another quadrangle on the south side of the Assembly Hall; so it will be seen that the Staff Rooms, Medical Inspection Room, Waiting Room, and Assembly Hall, etc., have been arranged in a central controlling position for the future.

The building is constructed of brickwork in cement with a timber roof covered with Burlington seconds slates. Externally it is faced with rustic bricks and the corridors and classrooms are faced with Accrington plastic bricks pointed in white cement to dado height. Above this height the walls are plastered with "Thistle" hard wall plaster. The playgrounds and quadrangle are of concrete with an indented surface, and the floors of verandahs, cloakrooms, lavatories and conveniences are finished with non-slip granolithic surface. The floors of classrooms, Staff Rooms, and Assembly Hall are of concrete covered with "Granwood" block flooring with a polished finish.

The colour scheme for the internal painting and decorating of the several rooms has been varied.

The School is heated by a low-pressure accelerated invisible panel system in the ceilings on the Radiant Heat principle operated from the Heating Chamber by a National Radiator Company Boiler of 445,000 B.T.U.'s capacity, and a "Century" Electric Pump, by Frederick A. Pullen, of 60 gallons per minute capacity. There are two controls to each room, so that the whole, half or none of the heating panels can be employed as desired.

All windows are of steel casements in wood frames. There are three large windows on the left side of each classroom comprised of horizontally-pivotted hung casements and hoppers, whereas on the right side above the glazed verandah roof there are three windows with horizontally-pivotted casements, thus affording a maximum of light and cross ventilation.

The verandah on the Quadrangle side of all classrooms makes possible the movement under cover of both children and Staff from any one part of the School to another.

The School provides nominal accommodation for 450 children, there being eight classrooms each with a floor area of 500 sq. ft., and one with an area of 630 sq. ft. It is intended by the Committee to reserve the large classroom as a free room for the Infant children, and that eventually not more than 40 pupils shall be taught in any room. The children in attendance will be between 3 and 11 years of age. On reaching the age of 11 years pupils will be transferred to one or other of the Central Schools.

Each classroom is arranged on the "open air" principle, the right-hand side, below verandah roof, being comprised almost entirely of doors which can be thrown open during suitable weather. There are special blackboard, cupboard and locker fittings built in together with the usual notice boards, etc.

Contiguous to the classrooms separate cloakrooms and lavatories are provided for Boys and Girls.

A noticeable feature of the planning is the arrangement of the conveniences, which, although entirely cut off from the main buildings, are not only accessible from the School under cover, but children at play can enter them without passing through any part of the School. These conveniences are lined throughout in glazed brickwork, and are well lighted and ventilated. Their proximity to the Main Building facilitates supervision and cleansing.

COST OF SCHOOL MEDICAL SERVICE.  
For the Year 1929.

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I am indebted to the Borough Treasurer, Mr. R. G. Pye, for the following particulars:—

EXPENDITURE :	£	s.	d.
Salaries .....	3973	19	7
Operative Treatment .....	438	18	11
Printing, Stationery, etc. ....	48	7	3
Drugs, Materials, and Apparatus .....	423	6	2
Upkeep of premises .....	69	2	10
Rent, Rates, etc. ....	51	13	1
Fuel, Light and Cleaning .....	470	11	3
Conveyance of children .....	11	3	0
Travelling Expenses .....	88	13	8
National Insurance .....	16	7	4
Alteration and equipment of Victoria Street Premises— Third Instalment .....	237	0	0
Uniforms, etc. ....	2	1	6
Use of Slipper Baths .....	96	0	0
Loan Charges—Interest .....	57	6	8
Sinking Fund .....	62	0	0
Fire Insurance .....	2	15	11
Sundries .....	14	11	6
 RECEIPTS :	 6063	 18	 8
Services of Staff Health Department .....	113	14	10
Sale of Spectacles .....	67	10	6
Operation Fees .....	10	19	6
Fees—Dental Clinic .....	17	7	0
Fees—Use of Ambulance .....	9	19	3
Rent—All Saints' Clinic .....	15	0	0
 Net Expenditure .....	 234	 11	 1
 5829	 7	 7	

The rateable value of the Borough in 1928-29 was £769,579 (the product of a rate of 1d. in the £ being £2,903). The net cost of medical inspection and treatment in both elementary and secondary schools for the twelve months ended December 31st, 1929, was £5,829 7s. 7d., compared with £5,401 5s. 7d. in the year 1928. The Government grant was half the net expenditure, hence the net cost to the rates was £2,914 13s. 10d.

The cost of the School Medical Service for 1929 per child on the school rolls was 7/2.97 gross and 3/7.485 net, and the cost as a decimal part of a penny rate was 2.098 gross and 1.004 net.

## SCHOOL POPULATION AND AVERAGE ATTENDANCE.

There are 14 Council and 30 Non-Provided Schools in the town. The following Table gives particulars of attendances thereat during 1929:—

Table 2.

	No. of Schools	No. on Rolls	Average Attendance	Percent. Attendance
Boys .....		2180	1985	91.0
Girls .....		2101	1884	89.7
Mixed .....		6067	5540	91.3
Infants over 5 .....		4486		
Infants under 5 .....		1253	4710	82.1
SCHOOLS :				
Church of England .....	23	7819	6859	87.7
Roman Catholic .....	6	3375	2940	87.1
British .....	1	313	273	87.4
Council .....	15	4580	4047	88.3
Total, 1929 .....	45	16087	14119	87.7

The decrease in the number of children on the school rolls was 346 as compared with 320 in 1928. Church of England schools showed a decrease of 243; Roman Catholic, a decrease of 57; British, a decrease of 29; and Council, 17. The figures for 1921, 1922, 1923, 1924, 1925, 1926, 1927 and 1928 are given below for purposes of comparison:—

	No. on Rolls	Average Attendance	Percent. Attendance	Infants on Rolls
1921 .....	18,617	16,112	86.5	—
1922 .....	18,250	16,039	87.8	—
1923 .....	17,964	15,851	88.2	—
1924 .....	17,522	15,110	86.2	5,422
1925 .....	17,357	15,009	87.9	5,832
1926 .....	17,065	15,009	87.9	6,129
1927 .....	16,753	14,714	87.8	5,976
1928 .....	16,433	14,489	88.1	5,902

## Section 2.

### MEDICAL INSPECTION.

The Assistant School Medical Officer devotes eight sessions and the lady Assistant Medical Officer one session per week to School Medical Inspections.

The School Medical Officer and the Deputy School Medical Officer have from time to time conducted medical inspections of the routine groups.

A nurse accompanies the doctor to the inspections and prepares the children for examination. In addition she weighs and measures the children and tests their vision.

In many of the schools a room is set apart for the medical inspection and in the case of some of the other schools arrangements have been made for the use of adjacent Assembly Halls or Club Rooms.

Examination of the 12-year-old group in addition to the entrants, intermediates and leavers, was discontinued as from December 31st, 1928.

## FINDINGS OF SCHOOL MEDICAL INSPECTION.

Table 3.

Name of School	Entrants 5 to 6 years of age				Intermediates 8 to 9 years of age				Leavers 13 to 14 years of age			
	Number Ex- amined		Parents Present		Number Ex- amined		Parents Present		Number Ex- amined		Parents Present	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Accrington Road C. ....	24	29	8	16	28	33	9	16	—	25	—	2
Audley Range C. ....	18	23	9	14	21	23	9	7	13	22	1	3
Bank Top C. ....	14	11	9	9	18	25	5	8	19	18	1	1
Bangor Street C. ....	—	—	—	—	—	—	—	—	71	49	6	11
Blakey Moor Central ....	—	—	—	—	—	—	—	—	88	64	2	8
Cedar Street C. ....	49	37	21	19	49	28	17	15	—	—	—	—
Christ Church C.E. ....	57	59	40	51	46	44	11	11	26	25	—	—
Emmanuel C.E. ....	36	36	18	16	28	19	6	13	16	22	—	1
Furthergate C. ....	29	25	11	12	24	25	2	3	—	—	—	—
Four Lanes End C. ....	—	—	—	—	8	12	3	7	1	1	—	—
Griffin C.E. ....	13	27	7	19	16	23	5	7	8	23	1	2
Holy Trinity C.E. ....	39	33	21	21	25	34	5	12	19	18	1	—
Lower Darwen C. ....	11	5	7	3	11	3	3	1	3	3	—	—
Mill Hill C. ....	17	20	10	11	19	20	1	—	16	15	—	2
Maudsley Street British ....	28	22	6	11	20	19	5	—	22	20	1	—
Moss Street C. ....	25	31	14	13	18	17	7	6	10	15	1	1
C. of E. Central ....	—	—	—	—	—	—	—	—	81	56	1	12
Park Road C. ....	46	51	29	22	33	30	11	5	13	20	—	2
Roe Lee Park C. ....	15	11	14	8	—	—	—	—	—	—	—	—
St. Aidan's C.E. ....	—	—	—	—	18	11	2	5	11	13	2	—
St. Alban's R.C. ....	29	39	18	22	57	45	12	9	23	60	2	5
St. Alban's Hr. Grade (Boys) ....	—	—	—	—	—	—	—	—	44	—	1	—
St. Anne's R.C. ....	62	65	36	32	60	45	6	18	24	34	3	2
St. Andrew's C.E. ....	16	9	10	5	19	18	3	4	5	3	—	—
St. Barnabas' C.E. ....	38	47	21	31	34	27	15	9	20	25	—	1
St. Bartholomew's C.E. ....	—	—	—	—	25	16	11	1	16	3	—	—
St. Gabriel's C.E. ....	—	—	—	—	15	15	6	12	—	1	—	—
St. James' C.E. ....	22	—	16	—	16	17	7	10	3	2	1	2
St. James' C.E. (Black-a-Moor)....	7	3	4	1	5	2	—	1	2	4	—	—
St. James' C.E. (Guide) ....	6	14	6	12	5	4	—	—	2	3	—	—
St. John's C.E. ....	68	49	38	37	44	37	12	19	18	18	—	—
St. Joseph's R.C. ....	37	37	15	10	28	31	2	13	11	25	1	9
St. Luke's C.E. ....	28	26	14	12	18	20	3	2	10	10	—	—
St. Michael's C.E. ....	30	19	14	9	17	17	3	5	12	4	—	—
St. Matthew's C.E. ....	29	23	14	13	25	17	6	6	12	21	—	2
St. Mary's R.C. ....	40	48	26	25	31	31	8	5	12	18	1	3
St. Paul's C.E. ....	34	33	16	23	24	22	7	6	7	25	1	5
St. Peter's C.E. ....	16	19	11	12	17	18	3	—	11	14	1	2
St. Peter's R.C. ....	40	42	15	17	25	21	8	1	21	24	—	—
St. Stephen's C.E. ....	18	35	15	29	29	27	10	8	9	5	1	—
St. Silas' C.E. ....	34	31	32	28	41	35	24	21	11	18	1	3
St. Thomas' C.E. ....	38	46	18	24	36	46	12	19	20	27	—	—
Sacred Heart R.C. ....	7	6	5	5	7	12	6	8	4	8	—	—
Wensley Fold C.E. ....	26	10	12	5	19	18	2	4	13	12	—	1
Witton C.E. (Infants) ....	10	16	8	12	—	—	—	—	—	—	—	—
Totals .....	1056	1037	588	609	979	907	267	299	727	773	30	80
	2093				1886				1500			

TABLE SHOWING ATTENDANCES OF PARENTS AT ROUTINE MEDICAL INSPECTIONS.

*Table 4.*

	No. Ex'd.	Parents Present	Percent Parents Attend- ances.	Male	Fe- male	Percent of P'ent Attend- ances 1928.
Entrants .....	2093	1197	57·1	55·6	58·7	51·3
Intermediates .....	1886	566	30·0	27·2	32·9	34·6
Leavers .....	1500	110	7·3	4·1	10·3	4·2
Total .....	5479	1873	34·1	32·0	36·3	28·3

COMPARISON WITH 1925, 1926, 1927, & 1928.

Code Group.	1929	1928	1927	1926	1925
Entrants .....	2093	1348	1962	1867	1370
Intermediates .....	1886	1935	1300	1222	937
12-Year-Old Group .....	..	1114	1456	1774	1727
Leavers .....	1500	1243	1285	1413	1125
Total .....	5479	5640	6003	6276	5159

Parents are invited to attend the Routine Medical Inspection of their children in school and all medical examinations at the Inspection and Special Clinics.

The presence of the parents greatly facilitates the work of the Medical Inspector as a more accurate medical history can be elicited from the parent than from the child, and at the same time an opportunity is afforded to the Medical Inspector of giving advice appropriate to the condition of each child examined. In the case of any child requiring treatment the consent of the parent is obtained at the time of inspection, treatment in consequence being expedited.

As in previous years the percentage attendance of parents is greatest at the examination of entrants. This percentage decreases rapidly through the older groups, particularly so in the case of boys.

Attention has been drawn in the two previous reports to the low percentage of parental attendances at the examinations of children in the "Leaver" groups. Notwithstanding the importance of this inspection, the final one of the series, the percentage of parents who attend is lower for this group than for the other code groups. In 1927 the percentage attendance of parents at "Leaver" group inspections was 4.6, in 1928 4.2, and for the year under review 7.3. This increase is gratifying, and may be attributable to the fact that the necessity of parental attendance has been urged in lectures given to parents by Medical Officers of the Department.

The total percentage of parental attendances is 5.8 higher than in 1928.

#### FINDINGS AT ROUTINE MEDICAL INSPECTIONS.

*Table 5.*

#### UNCLEANLINESS.

Groups	Condition of Head					Condition of Body				<sup>1928</sup> %age Clean	
	Clean	Dirty	Nits	Peci-culi	%age Clean	Clean	Dirty	Flea bitten	%age Clean	Head	Body
<b>Entrants :</b>											
Boys .....	1024	4	26	2	96.9	1012	4	40	95.8	97.9	98.3
Girls .....	778	1	247	11	75.0	999	3	35	96.3	78.6	98.6
<b>Intermediate :</b>											
Boys .....	960	6	8	5	98.0	955	11	13	97.5	97.2	95.8
Girls .....	668	11	216	12	73.6	882	12	13	97.2	73.7	96.7
<b>Leavers :</b>											
Boys .....	716	6	3	2	98.4	702	14	11	96.5	98.0	95.2
Girls .....	620	3	147	3	80.2	741	19	13	95.8	83.1	97.2
<b>Totals :</b>											
Boys .....	2700	16	37	9	97.7	2669	29	64	96.6	97.6	96.7
Girls .....	2066	15	610	26	76.0	2622	34	61	96.5	77.1	96.8
Combined Total .....	4766	31	647	35	86.9	5291	63	125	96.5	87.1	96.7

The cleanest heads were again found amongst boy leavers (98.4 % clean), closely followed by boy intermediates (98 % clean). In each group the head-cleanliness figure for girls was worse than in the case of boys, and the total head cleanliness percentage for girls shows a fall of 1.1 as compared with 1928.

As was the case last year, the worst results were in the intermediate group of girls, 73.6 % clean, as compared with 73.7 % in 1928.

The head cleanliness percentage for boys is practically the same as in 1928, whereas that for girls shows a decrease of 1.1%. This decline, though small, is none the less disappointing, and may be ascribable to the waning popularity of the "short shingle" and "Eton crop," which cleanly modes are being supplanted by longer styles.

Table 6.

	Percentage of Clean Heads		Percentage of Clean Bodies	
	Boys	Girls	Boys	Girls
1910-1914 inc. ....			54%	
1920-1923 inc. ....	93.2			98.1
1924.....	98.4	74.1	95.9	92.2
1925.....	96.9	78.3	96.0	91.5
1926.....	93.5	64.4	93.6	95.5
1927.....	96.2	80.0	94.3	94.0
1928.....	97.6	77.1	96.7	96.8
1929.....	97.7	76.0	96.6	96.5

The body cleanliness figure for boys remains practically the same as in 1928, whereas that for girls shows a decrease of 1.1%.

In my report for 1928 I mentioned that the Infant Departments of 10 schools had been provided with paper towels. The teachers concerned reported so favourably on the arrangement that paper towels are now being issued to all Infant Departments. Reports received indicate that provision of an adequate supply of these towels has been followed by increased cleanliness of the children.

Table 7.

## CLOTHING AND FOOTGEAR.

	Entrants.		Inter-mediates.		Leavers.	
	M.	F.	M.	F.	M.	F.
Clothing—						
Satisfactory .....	1040	1021	950	898	691	762
Unsatisfactory .....	16	16	29	9	36	11
Percentage satisfactory ...	98.4	98.4	97.0	99.0	95.0	98.5
Footgear—						
Satisfactory .....	1054	1036	970	906	226	771
Unsatisfactory .....	2	1	9	1	1	2
Percentage satisfactory	99.8	99.9	99.0	99.8	99.8	99.7

The subjoined Table gives the findings during 1929, compared with 1928.

Table 8.

## PERCENTAGE SATISFACTORY.

	1928.		1929	
	Clothing	Footgear	Clothing	Footgear
Boys .....	97.3	99.1	97.0	99.5
Girls .....	98.3	99.9	98.6	99.8

The percentage of both boys and girls examined during the year and found to be satisfactorily clothed was the same as last year; the percentage of children satisfactorily shod is 0.65 lower than in 1928. In view of the increasing unemployment and want in the town these figures are most satisfactory, as they indicate great parental care.

Table 9.

## NUTRITION.

	Entrants 5 years		Intermediates 8 years		Leavers	
	M	F	M	F	M	F
Normal .....	897	870	905	803	633	665
Below normal .....	159	167	74	104	94	108
Percentage normal .....	84.9	83.8	92.4	88.5	87.0	86.0
Percentage Normal 1928	92.8	92.8	92.0	88.8	90.3	87.1
Difference 1928 & 1929	-7.9	-9.0	+0.4	-0.3	-3.3	-1.1

The Entrant group comprised children born in 1924; the Intermediate group children born in 1921; the Leaver group contained children born in 1917.

Table 10.

## COMPARISON WITH WAR YEARS.

## PERCENTAGE OF CHILDREN SHOWING NORMAL NUTRITION.

	1915-1918 inc.	1927	1928	1929
Boys .....	79.3	88.4	90.6	88.1
Girls .....	76.1	85.1	87.4	86.1

The standard of nutrition, although considerably in advance of the corresponding figures for the war years, shows a slight decline (2.5 in the case of boys and 1.3 in the case of girls) as compared with the corresponding figures for 1928.

As will be noted in Table 9, the decrease is most marked in the Entrant group, the percentage normal in the Intermediate group approximates to that in 1928, and there is a fall in the figure amongst leavers.

Table II.

## HEIGHTS AND WEIGHTS.

Year of Birth	BOYS.			GIRLS.		
	Number Examined	Average Height in inches	Average Weight in lbs.	Number Examined	Average Height in inches	Average Weight in lbs.
1926	66	37.1	32.9	78	37.2	33.1
1925	246	39.4	37.2	215	39.1	34.9
*1924	509	41.6	39.9	500	41.1	38.5
1923	109	43.4	43.6	140	42.6	41.1
1922	1	39.0	37.0	3	46.0	48.3
1921	2	43.0	43.5	1	43.0	45.5
†1920	867	49.1	56.5	823	48.8	54.1
1919	...	...	...	1	50.0	58.0
1918	...	...	...	...	...	...
1917	1	46.5	53.0	2	52.5	61.7
1916	359	54.9	75.7	326	54.9	76.1
§1915	312	56.6	83.1	395	57.1	85.4

\*Entrants †Intermediates §Leavers

Table 12.  
HEART AND CIRCULATORY SYSTEM.

	Entrants		Intermediates		Leavers		%age
	M	F	M	F	M	F	
Organic disease .....	1	2	1	4	1	5	0·25
Functional disease .....	5	5	6	2	8	9	0·63
Anæmia .....	28	44	11	18	8	9	2·15
Other defects .....	—	—	—	—	—	—	—
Totals .....	34	51	18	24	17	23	3·04

In the above table heart defects are classified under the headings Organic Disease, Functional Disease, and Anæmia.

In the Report for 1928 some of the rheumatic manifestations of childhood were discussed, their sequelæ mentioned, and the skeleton of a curative and preventive scheme briefly outlined. This scheme was not proceeded with during the year under review owing to lack of facilities. The imminent transfer of Queen's Park Hospital from the Board of Guardians to the Town Council offers possibilities such as justify the resurrection of this scheme.

Although the percentage of children found to be suffering from abnormal conditions of the heart or circulatory system exceeds that (2.57) in 1928, the increase is due to the higher incidence of anæmia, whereas the number of children affected with organic diseases of the heart is lower than in 1928.

This latter type of heart disease is permanent, often progressive, and the frequent cause of grave disability. Although no measures are known capable of restoring to the normal a heart organically diseased, it is nevertheless possible by means of careful treatment and supervision to reduce its incidence and prevent progression of the condition once established.

The efforts of the School Medical Service are devoted in part to curative medicine, although its true function is preventive.

The line of demarcation between preventive and curative medicine is a very fine one, so fine in fact that these two branches of medicine are inseparable. By the application of curative methods to certain diseased conditions it is frequently possible to prevent the occurrence of certain immediate or remote sequelæ of those conditions towards which the curative efforts have been directed. This is particularly apposite in the case of rheumatism in children, the prompt treatment of which is of incalculable value in preventing subsequent organic derangement of the heart.

The success of any scheme in preventive medicine depends largely upon methods of ascertainment, upon the provision of treatment, upon after-care and following up of cases. I propose to deal with these measures seriatim.

(1) In several districts acute rheumatism occurring in children under the age of 16 years is, by Order of the Minister of Health, a compulsorily notifiable disease, acute rheumatism denoting the following conditions:—

- (a) Rheumatic pains or carditis, if accompanied by rise of temperature;
- (b) Rheumatic chorea;
- (c) Rheumatic carditis.

Before the Minister will grant such an order it is essential that the proposed arrangements for dealing with the notified cases are adequate. In this connection I would suggest:

(2) That institutional treatment be provided for selected cases. The Education Committee might consider the advisability of negotiating with the Committee which will, after April 1st, administer the Queen's Park Hospital in order to secure the requisite accommodation.

(3) The Education Committee is already directly interested in the Physically Defective School at Queen's Park Hospital, which accommodates, amongst other classes of defects, several cases of post-rheumatic carditis. This school might continue to accommodate selected cases of post-rheumatic carditis, and such cases whose needs do not demand admission to a residential school might be kept under observation during the post-convalescent period at one of the Open-Air Schools or Classes.

(4) A Rheumatic Supervisory Centre to be established.

This centre, which should be under the clinical control of a physician of recognised consultant status, would meet the need shown by rheumatic cases for careful supervision to prevent the development of heart disease. It would not be a treatment centre but would act purely as a clearing house and observation centre, the plan adopted being to supervise the health of the post-rheumatic child when apparently well, and to instruct the parents to seek medical advice should fresh symptoms of rheumatism supervene. Such cases attending the centre as need treatment would be referred to the family doctor.

Your approval of such a scheme as the one outlined would justify representations being made to the Minister of Health to grant an order making acute rheumatism a compulsorily notifiable disease.

Notification of all cases of acute rheumatism would enable your medical staff to correlate such factors as would appear to influence the causation of this condition. The relation of dampness in the home, lack of fresh air and sunlight, defective nutrition, etc., could be considered and useful preventive data compiled.

*Table 13.*  
CHEST COMPLAINTS (other than Tuberculosis).

	M	F	Percentages		Total Percent- age	Total Percent. 1928
			M	F		
Entrants .....	35	26	3·1	2·5	2·9	1·6
Intermediates .....	9	2	0·9	0·2	0·5	0·9
Leavers .....	6	10	0·8	1·3	1·0	0·4
Totals .....	50	38	1·8	1·4	1·6	0·9

The percentage of children suffering from respiratory disease is almost double that for 1928. As in previous years the most common respiratory defect noted is bronchitis or bronchial catarrh of mild degree.

#### TUBERCULOSIS.

*Table 14.*  
CHILDREN REFERRED TO THE TUBERCULOSIS OFFICER.

	M	F	TOTAL
Positive .....	—	—	—
Pre-Tubercular .....	1	1	2
Others .....	1	—	1
Bone or Joint Tubercl.....	3	1	4
Glands or Skin Tubercl.....	1	5	6
Spine .....	2	—	2
	8	7	15

The number of cases referred is greater than in 1928, when only 8 cases were sent for a second opinion. None of the cases, however, were found positive.

It is rarely possible to make a diagnosis of tuberculosis at a school medical inspection unless the case be an advanced one. The noise and limited time at an inspection preclude the possibility of a firm diagnosis being arrived at; all doubtful cases are therefore referred to the Inspection Clinic, where a thorough clinical examination is made. Following this inspection selected cases are referred to the Tuberculosis Officer, who, in addition to his clinical examination, further investigates the cases radiologically and bacteriologically.

In childhood the sites of election of tubercular infection are the bones, joints and glands, the disease in these positions being usually caused by the bovine bacillus. The vehicle of infection is milk from infected cattle, the germs finding their way to the sites attacked via the alimentary canal. The occurrence of surgical tuberculosis, associated as it is with pain and crippling, is regrettable, particularly so as its incidence can be lowered by the consumption of clean milk such as the Grade A Tuberculin Tested and Certified varieties.

Tuberculosis contacts of school age are required to attend at the Tuberculosis Dispensary for clinical and X-ray examination. If found to be infected the cases are kept on the Dispensary Register and are dealt with through the Tuberculosis Scheme. Cases which are negative on the occasion of the first examination at the Dispensary are kept under Dispensary observation for three months. At the end of that period they are re-examined and if no evidence of infection is found the cases are re-transferred to the School Medical Department and kept under observation by the School Medical Officers.

*Table 15.*

NOTIFICATIONS OF AND DEATHS FROM TUBERCULOSIS  
IN CHILDREN OF SCHOOL AGE.

No. of Primary Notifications				No. of Deaths			
Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
M	F	M	F	M	F	M	F
1	2	1	5	—	2	—	—

The ages at death in the fatal cases were :—

		5 to 10 years	10 to 15 years
	M	—	—
	F	—	2
Pulmonary .....	M	—	—
Pulmonary .....	F	—	—
Non-Pulmonary .....	M	—	—
Non-Pulmonary .....	F	—	—

### NOSE AND THROAT.

Table 16.

	Entrants.		Inter- mediates.		Leavers.	
	M.	F.	M.	F.	M.	F.
<b>NOSE :</b>						
Deflected Septum .....	1	...	2	1	8	2
Other Defects .....	9	5	1	2	3	12
<b>TONSILS :</b>						
Slight Enlargement .....	134	145	197	177	100	86
Much Enlargement .....	50	55	38	51	29	33
<b>ADENOIDS :</b>						
Present alone .....	14	14	6	2	1	4
Mouth Breathers .....	9	9	14	7	5	4
Enlarged Tonsils and Adenoids (but not Mouth Breathers) .....	42	43	14	13	9	6
<b>GLANDS : CERVICAL :</b>						
Palpable .....	205	248	122	120	21	61
Visibly Enlarged .....	5	7	1	2	2	...

Table 17.

### PERCENTAGES FROM ABOVE TABLE.

	1928			1929		
	En- trants.	Inter- medi- ates.	12 year old.	Leav- ers.	En- trants.	Inter- medi- ates.
Abnormalities of Tonsils	17·1	22·4	17·7	16·7	18·3	24·5
Adenoids .....	4·0	3·4	2·2	2·0	6·2	2·9
Enlarged Glands .....	3·0	9·3	10·3	7·1	22·2	12·8

The percentage of children found to be suffering from abnormalities of the tonsils and adenoids varies but little from the

corresponding figures for 1928. A fall of 1.5 occurred in the percentage of children affected with enlarged cervical glands. Fruitful causes of this latter condition are oral and tonsillar sepsis and also verminous or unhealthy conditions of the scalp. In this connection it is interesting to note that in 1920, the year preceding that in which routine treatment of dental and tonsillar defects was provided by the Local Education Authority, 19.4 % of children examined were found to be suffering from enlargement of the cervical glands.

It would not appear improbable that the decreased incidence of this condition is due in part to the discovery and treatment of tonsillar and dental defects through the Child Welfare and School Medical Services. Another factor which has played its part in bringing about the decline is an increased appreciation by school children of the value of head cleanliness, together with the frequency of cleanliness inspections conducted by the School Nurses.

*Table 18.*  
DULL AND BACKWARD CHILDREN.

Groups	M	F	Total	Per-cent
Entrants .....	2	2	4	0·2
Intermediates .....	13	12	25	1·3
Leavers .....	12	12	24	1·6
Totals .....	27	26	53	0·9

*Table 19.*  
SKIN DISEASES.

	Entrants		Intermediates		Leavers		Totals	
	M	F	M	F	M	F	M	F
Ringworm—								
Body	1	1	1	—	1	—	3	1
Scalp	1	1	—	—	—	—	1	1
Impetigo ..	4	9	1	—	—	1	5	10
Scabies ....	—	—	—	—	2	—	2	—
Eczema ....	—	—	—	—	—	—	—	—
Other .....	6	13	6	4	5	9	17	26
Totals	12	24	8	4	8	10	28	38

## PERCENTAGE INCIDENCE (Routine Examination).

	1928		1929	
	Boys	Girls	Boys	Girls
Entrants .....	1·5	1·5	1·1	2·3
Intermediates .....	1·0	0·7	0·8	0·4
12-Year-Olds .....	1·6	1·9	—	—
Leavers .....	1·2	0·7	1·1	1·3
	1·3	1·2	1·0	1·3

*Table 20.*  
EYE TROUBLES.  
EXTERNAL EYE DISEASE.—PERCENTAGES.

Complaint	Entrants		Inter- mediates		Leavers	
	M	F	M	F	M	F
Squint .....	2·6	2·7	2·7	2·9	2·4	2·2
Blepharitis .....	0·2	0·5	0·2	—	0·1	0·4
Conjunctivitis .....	0·1	—	0·1	—	—	0·2
Corneal Opacity .....	0·1	0·1	—	0·4	0·4	0·1
Other Defects .....	0·1	0·4	0·2	0·3	0·5	0·4
	3·4	3·9	3·2	3·7	3·5	3·3
	3·6		3·4		3·4	

## COMPARISON WITH 1928.

	1928		1929	
	Male.	Female.	Male.	Female.
Entrants .....	2·1	3·2	3·4	3·9
Intermediates .....	4·2	4·2	3·2	3·7
12-Year-Olds .....	4·1	4·1	—	—
Leavers .....	3·5	2·6	3·5	3·3

As in previous years squint continues to be the most common form of external eye disease. The vision of the squinting eye is invariably impaired in greater or less degree, and in untreated cases of long standing the impairment may amount to definite blindness of the affected eye.

If vision is to be preserved corrective measures should be adopted at an early age.

In the report for last year I mentioned that the Maternity and Child Welfare Committee had made provision for the treatment of cases of squint occurring amongst children attending the Child Welfare Centres. During the year 58 children have been examined and treated by Dr. Wishart, who has prescribed spectacles for 23.

Table 21.

## VISION.

Extent of Defect	Intermediates				Leavers				Total			
	M		F		M		F		M		F	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Normal	R 850	86·9	788	86·9	640	88·0	652	84·3	1490	87·4	1440	85·7
$\frac{1}{2}$ or $\frac{1}{3}$ .....	L 838	85·6	779	85·9	616	84·8	644	83·3	1454	85·2	1423	84·7
$\frac{1}{2}$ to $\frac{6}{24}$ ...	R 118	12·0	108	11·9	74	10·2	108	14·0	192	11·2	216	12·9
	L 120	12·3	117	12·9	96	13·2	109	14·1	216	12·7	226	13·4
$\frac{6}{24}$ or worse	R 11	1·1	11	1·2	13	1·8	13	1·7	24	1·4	24	1·4
	L 21	2·1	11	1·2	15	2·0	20	2·6	36	2·1	31	1·9

The above Table has been amplified to give the figures for vision in both eyes. If spectacles are worn and there is correct vision in one or both eyes the child is classified as having normal vision. Similarly, if spectacles do not entirely correct, the vision classified is that found whilst the spectacles are being worn.

An analysis of this Table shows that during 1929 there has been a tendency for vision to deteriorate during school life, the percentage of normal visions in the Leaver group being lower than in the Intermediate.

	Intermediates		Leaver group	
	M	F	M	F
Normal Vision .....	86·3%	86·4%	86·4%	83·8%
Moderate Visual Defect	12·1%	12·4%	11·7%	14·0%
Severe Visual Defect	1·6%	1·2%	1·9%	2·2%

COMPARISON WITH 1928—VISION LOWER THAN 6/9ths IN ONE  
OR BOTH EYES.

Groups	1928		1929	
	M	F	M	F
Intermediates .....	13·6	13·5	13·7	13·6
Leavers .....	12·6	15·8	13·6	16·2

The Entrant group are not examined for visual acuity at routine examinations, as the majority do not know the letters of the alphabet.

In last year's report attention was drawn to the influence of faulty lighting on visual defect. At the time when many of the Blackburn Schools were built this influence was not appreciated, or, if appreciated, was ignored. In consequence the lighting of many of the schools is unsatisfactory, a state of affairs which can but conduce to a relatively high incidence of visual defect amongst the school children.

Table 22.  
DEFECTIVE HEARING.—PERCENTAGE DEFECTIVE.

	Entrants	Intermediates	Leavers	No. of Children inspected
Boys .....	0·3	0·2	1·3	2762
Girls .....	0·7	0·7	1·7	2717

COMPARISON WITH 1928.

	1928		1929		1928	1929
	Male	Female	Male	Female	No. of Child'n Examined	No. of Child'n Examined
Entrants .....	0·3	0·4	0·3	0·7		
Intermediates .....	0·2	0·8	0·2	0·7		
12-Year-Olds .....	0·4	3·2	—	—		
Leavers .....	0·9	1·6	1·3	1·7	5640	5479

The chief causes of defective hearing in children are wax in the ears, adenoids and enlarged tonsils, and chronic middle ear disease, the latter being the most fruitful cause. Chronic middle ear disease (otitis media) results from inflammation of the nose or throat, and may follow scarlet fever, measles and diphtheria.

Treatment of ear defects is carried out at the Minor Ailment Clinic and intractable cases are referred to Dr. Wishart for opinion or treatment.

### SPEECH DEFECTS.

*Table 23.*

#### SPEECH DEFECTS.—PERCENTAGE DEFECTIVE.

	Entrants	Inter-mediates	Leavers	No. of Child'n Inspected
Boys .....	1·1	0·5	2·0	2762
Girls .....	0·9	0·8	0·4	2717
Totals .....	1·0	0·7	1·2	5479

#### COMPARISON WITH 1928.

	1928		1929	
	Male.	Female.	Male.	Female.
Entrants .....	1·2	0·3	1·1	0·9
Intermediates .....	0·5	0·6	0·9	0·8
12-Year-Olds .....	0·9	0·2	—	—
Leavers .....	1·2	1·0	2·0	0·4
Totals .....	3·8	2·1	4·0	2·1

### TEETH.

*Table 24.*

1929.

	Entrants				Intermediates				Leavers			
	M.		F.		M.		F.		M.		F.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Perfect set of Teeth .....	415	39·3	447	43·1	403	41·2	370	40·8	444	61·1	468	60·6
One to Three Decayed.....	349	33·0	342	33·0	426	43·5	431	47·5	229	31·5	270	34·9
Four or more Decayed.....	292	27·7	248	23·9	150	15·3	106	11·7	54	7·4	35	4·5
Totals ...	1056	...	1037	...	979	...	907	...	727	...	773	...

1928.

	Entrants				Intermediates				12 year old group				Leavers			
	M.		F.		M.		F.		M.		F.		M.		F.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Perfect set of Teeth .....	201	30·0	213	31·5	332	33·8	330	34·7	248	46·4	285	49·1	289	51·0	327	48·3
One to Three Decayed.....	251	37·2	260	38·5	466	47·4	464	48·7	238	44·6	254	43·8	233	41·1	302	44·6
Four or more Decayed .....	221	32·8	202	30·0	185	18·8	158	16·6	48	9·0	41	7·1	44	7·9	48	7·1
Totals ....	673	...	675	...	983	...	952	...	534	...	580	...	566	...	677	...

The above Tables relate to the findings of the medical inspectors at routine examinations, and have no relation to the findings of the School Dentist. There is, however, a similarity in the findings, but, as might be expected, the more searching inspection of the School Dentist with probe and mirror brings to light minute and otherwise undiscernible patches of decay. Cases which in the opinion of the school medical inspector require treatment are referred to the Dental Clinic.

These findings show an improvement over those of 1928. Of 5,479 children inspected between the ages of 5 and 14, 48.2 % had a perfect set of teeth as against 40.6 % for 1928. It is gratifying to observe that the percentage of leavers in 1929 with perfect teeth is 10.7 % higher than in 1928. The percentages of 1929 leavers with one to three teeth decayed and with four or more decayed is appreciably lower than the corresponding figures for the previous year.

The percentage of children with perfect teeth is higher in all groups than was the case in 1928, the improvement being most marked in the leaver group, where there is an improvement of 10.1 % amongst boys and 12.3 % amongst girls.

A gratifying improvement is noted in the entrant group, where the number of children with perfect sets of teeth is 10.4 % higher than in 1928. As these entrants have not passed through the hands of the School Dental Service the improvement is probably attributable to the propaganda efforts of the Child Welfare Service, which have enlightened the mothers as to the influence of dietetics on dentition and stimulated parental interest in the all-important subject of oral hygiene.

Table 25.

## RICKETS AND DEFORMITIES.

	Entrants		Inter-mediate		Leavers		Totals		Percent 1929		Percent 1928	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
<i>Evidence of—</i>												
Slight Rickets .....	83	50	25	16	35	32	143	98	5·2	3·6	3·6	2·8
Marked Rickets ...	6	4	1	1	—	2	7	7	0·2	0·2	0·2	0·07
Spinal Curvature ...	—	—	6	6	10	9	16	15	0·6	0·6	1·2	1·0
Other Deformities ..	11	7	17	3	17	17	45	27	1·6	1·0	0·7	1·3
	100	61	49	26	62	60	211	147	7·6	5·4	5·7	5·2

Table 26.

SUMMARY OF THE FINDINGS AT ROUTINE EXAMINATIONS.  
(Percentages).

Condition	Entrants		Inter-mediate		Leavers		All Groups	
	M	F	M	F	M	F	M.	F.
<i>Uncleanliness (Percent. clean)—</i>								
Head .....	96·9	75·0	98·0	73·6	98·4	80·2	97·7	76·0
Body .....	95·8	96·3	97·5	97·2	96·5	95·8	96·6	96·5
Clothing (satisfactory)	98·4	98·4	97·0	99·0	95·0	98·5	97·0	98·6
Footgear (satisfactory)	99·8	99·9	99·0	99·3	99·8	99·7	99·5	99·8
Nutrition (normal) .....	84·9	83·8	92·4	88·5	87·0	86·0	88·1	86·1
Circulatory System (def'ts)	3·2	4·9	1·8	2·6	2·3	3·0	2·5	3·6
Pulmonary System (de-fects : not T.B.) ..	3·1	2·5	0·9	0·2	0·8	1·3	1·8	1·4
Defects of Nose & Throat	24·5	26·1	27·8	27·9	21·3	19·0	24·8	24·6
Enlarged Cervical Glands	19·8	24·6	12·5	13·4	3·1	8·0	12·8	16·1
External Eye Disease	3·4	3·9	3·2	3·7	3·5	3·3	3·4	3·6
Defective Vision .....	...	...	13·7	13·6	13·6	16·2	13·7	14·9
Defective Hearing .....	0·3	0·7	0·2	0·7	1·3	1·7	0·6	1·0
Speech Defects .....	1·1	0·9	0·5	0·8	2·0	0·4	1·2	0·7
Dental Disease (More than 4 decayed)	27·7	23·9	15·3	11·7	7·4	4·5	16·8	13·4
Skin Disease .....	1·1	2·3	0·8	0·4	1·1	1·3	1·0	1·3
Dull and Backward ....	0·1	0·1	1·3	1·3	1·6	1·5	1·0	0·9

Table 27.

NUMBER OF CHILDREN EXAMINED AT ROUTINE INSPECTIONS  
AND FOUND TO REQUIRE TREATMENT.  
(Excluding Uncleanliness and Dental Disease).

Group	No. of Children inspected	No. referred for Treatment	Percentage referred for Treatment	1928
Entrants .....	2093	370	17·6	13·7
Intermediates .....	1886	421	22·3	18·8
Leavers .....	1500	461	30·7	30·1
	5479	1252	22·8	22·7

## Section 3.

*Table 28.*  
INFECTIOUS DISEASES.

NOTIFIABLE DISEASES OCCURRING IN THE ELEMENTARY SCHOOLS  
OF THE BOROUGH.

School	Scarlet Fever		Diphtheria		Erysipelas		Others				
	M.	F.	M.	F.	M.	F.	Pneumonia	M.	F.	Encephalitis	Lethargica
Accrington Road .....	4	5	2	1	...	...	...	...	...	...	...
Audley Range .....	21	13	1	...	...	...	1	2	...	...	...
Bank Top .....	3	1	...	...	...	...	...	...	...	...	...
Bangor Street C. ....	4	5	...	4	...	...	...	...	...	...	...
Blakey Moor C. ....	4	11	...	1	...	...	...	1	...	...	...
Cedar Street .....	2	3	1	3	...	...	1	...	...	...	...
C.E. Central .....	4	1	...	2	...	...	...	...	...	...	...
Christ Church .....	8	15	2	3	...	...	1	2	...	...	...
Emmanuel .....	3	4	...	2	...	...	...	...	...	...	...
Furthergate .....	4	5	...	1	...	...	1	...	...	...	...
Four Lanes End .....	...	...	...	...	...	...	...	...	...	...	...
Griffin .....	9	3	2	3	...	...	...	...	...	...	...
Holy Trinity .....	11	10	4	2	...	...	2	1	...	...	...
Lower Darwen C. ....	...	...	...	...	...	...	...	...	...	...	...
Mill Hill C. ....	...	2	...	1	...	...	...	1	...	...	...
Moss Street .....	8	5	...	...	...	...	...	...	...	...	...
Maudsley Street .....	8	8	3	2	...	...	...	...	...	...	...
Park Road .....	6	12	...	7	...	...	...	...	...	...	...
Roe Lee Park .....	3	2	...	1	...	...	1	...	...	...	...
St. Aidan's .....	2	3	...	1	...	...	...	...	...	...	...
St. Alban's R.C. ....	20	28	3	4	...	1	...	...	...	...	...
St. Alban's H.G. ....	1	...	...	...	...	...	...	...	...	...	...
St. Anne's R.C. ....	4	15	...	...	...	...	...	1	...	...	...
St. Andrew's .....	1	1	5	3	...	...	...	...	...	...	...
St. Barnabas' .....	5	7	...	...	...	...	...	1	...	...	...
St. Bartholomew's .....	1	...	1	...	...	...	...	2	...	...	...
St. Gabriel's .....	...	...	...	...	...	...	...	...	...	...	...
St. James' C.E. ....	5	3	2	...	...	...	...	...	1	...	...
St. James' Guide .....	...	...	...	1	...	...	...	1	...	...	...
St. James' Black-a-Moor .....	...	...	...	...	...	...	...	...	...	...	...
St. John's .....	15	18	2	4	...	...	...	...	...	...	...
St. Joseph's R.C. ....	30	34	1	2	...	1	...	...	...	...	...
St. Luke's .....	1	2	1	1	...	...	...	...	...	...	...
St. Michael's .....	10	2	3	6	...	...	1	2	...	...	...
St. Matthew's .....	8	16	1	...	...	...	...	2	...	...	1
St. Mary's R.C. ....	3	3	7	5	...	...	2	...	...	...	...
St. Paul's .....	3	2	...	5	...	...	...	...	...	...	...
St. Peter's C.E. ....	1	2	2	1	...	...	...	...	...	...	...
St. Peter's R.C. ....	...	3	...	2	...	...	...	1	...	...	...
St. Stephen's .....	10	7	1	2	...	...	1	...	...	...	...
St. Silas' .....	3	2	1	...	...	...	...	3	...	...	...
St. Thomas' .....	22	25	3	3	...	...	1	1	...	...	...
Sacred Heart .....	2	1	...	2	...	...	1	...	...	...	...
Wensley Fold .....	...	1	...	...	...	...	...	...	...	...	...
Witton Infants .....	1	...	1	...	...	...	...	...	...	...	...
	250	280	49	75	...	2	17	17	...	1	...
Bangor Street O.A.C. ....	...	...	...	...	...	...	...	...	...	...	...
Girls' High School .....	...	1	...	...	...	...	...	...	...	...	...
Grammar School .....	17	...	2	...	...	...	...	...	...	...	...
Park O.A.C. ....	...	...	...	...	...	...	...	...	...	...	...
Convent of Notre Dame .....	...	3	...	...	...	...	...	1	...	...	...
Cherry Tree N. ....	...	1	...	...	...	...	...	...	...	...	...
Accrington Road O.A.C. ....	1	...	...	...	...	...	...	...	...	...	...
Other Schools .....	3	1	...	...	...	...	1	...	...	...	...
	21	6	2	...	...	...	1	1	...	...	...

Table 29.

 INFECTIOUS DISEASES NOTIFIED BY TEACHERS, SCHOOL  
 ATTENDANCE OFFICERS, AND OTHERS DURING 1929.

School.	Measles	Whooping Cough	Chicken Pox.	Mumps	Scarlet Fever.	Diphtheria	Erysipelas	Others
								Pneumonia. Encephalitis. L'thangica
Accrington Road .....	1	12	2	4	9	3	..	..
Audley Range .....	20	..	1	1	34	1	..	3
Bank Top .....	1	1	14	2	4	4	..	..
Bangor Street C. ....	..	..	..	..	9	..	..	..
Blakey Moor C. ....	1	..	2	..	15	1	..	1
Cedar Street .....	1	2	1	2	5	4	..	..
C.E. Central .....	..	..	1	..	5	2	..	..
Christ Church .....	2	..	36	..	23	5	..	..
Emmanuel .....	1	5	13	..	7	2	..	..
Furthergate .....	6	..	3	..	9	1	..	1
Four Lanes End .....	..	..	13	5	..	..	..	..
Griffin .....	2	..	26	1	12	5	..	..
Holy Trinity .....	..	2	22	1	21	6	..	3
Lower Darwen C. ....	..	10	..	..	..	..	..	..
Mill Hill C. ....	40	4	1	5	2	1	..	1
Moss Street .....	19	..	2	..	13	..	..	..
Maudsley Street .....	..	..	4	..	16	5	..	..
Park Road .....	20	..	..	..	18	7	..	..
Roe Lee Park .....	..	..	1	..	5	1	..	..
St. Aidan's .....	21	1	..	..	5	1	..	..
St. Alban's R.C. ....	4	5	7	1	48	7	1	..
St. Alban's H.G. ....	..	1	..	..	1	..	..	..
St. Anne's R.C. ....	1	1	15	6	19	..	..	1
St. Andrew's .....	25	..	2	1	2	8	..	..
St. Barnabas' .....	3	..	5	..	12	..	..	1
St. Bartholomew's .....	..	..	8	..	1	1	..	..
St. Gabriel's .....	..	5	..	..	..	..	..	2
St. James' C.E. ....	..	1	12	1	8	2	..	1
St. James' Guide .....	..	..	1	..	..	1	..	1
St. James', Black-a-Moor .....	..	..	1	..	..	..	..	..
St. John's .....	3	4	40	4	33	6	..	..
St. Joseph's R.C. ....	..	..	4	2	64	3	1	..
St. Luke's .....	..	..	3	..	3	2	..	..
St. Michael's .....	..	..	1	..	12	9	..	3
St. Matthew's .....	..	2	1	29	1	24	1	..
St. Mary's R.C. ....	..	6	19	19	..	12	..	2
St. Paul's .....	16	1	4	8	6	5	..	1
St. Peter's C.E. ....	2	..	..	2	3	3	..	..
St. Peter's R.C. ....	5	4	3	4	3	2	..	..
St. Stephen's .....	..	..	..	1	17	3	..	..
St. Silas' .....	39	1	2	1	5	1	..	3
St. Thomas' .....	..	..	9	1	47	6	..	2
Sacred Heart .....	2	..	1	..	3	2	..	1
Wensley Fold .....	1	2	13	3	1	..	..	..
Witton Infants .....	..	8	..	1	1	..	..	..
	238	87	311	59	530	124	2	34
Accrington Road O.A.C. ....	..	..	..	..	1	..	..	..
Park O.A.C. ....	..	..	..	1	..	..	..	..
Bangor St. O.A.C. ....	1	..	1	..	..	..	..	..
Convent of Notre Dame .....	..	..	..	..	3	..	..	1
Girls' High School .....	1	..	1	3	1	..	..	..
Grammar School .....	1	..	2	..	17	2	..	..
Park House School .....	..	..	..	..	..	..	..	..
Cherry Tree N. ....	1	..	1	..	1	..	..	..
Regent Street .....	..	..	1	..	..	..	..	..
Other Schools .....	..	..	2	..	4	..	1	..
	4	..	8	4	27	2	..	2

The number of cases of Scarlet Fever and Diphtheria amongst school children exhibited an unwelcome increase, the increase being most marked as regards the former condition, 557 cases of which were notified as compared with 85 cases in 1928. One of these 557 cases terminated fatally.

The disease, which was of a mild type, by its very mildness militated against the preventive measures of both the Health and School Medical Departments. The majority of the cases suffered but little initial malaise, exhibited a scanty and rapidly-fading rash and did not present a picture suggestive, to the lay mind at any rate, of scarlet fever. In consequence many parents failed to call in a doctor, neglected measures of isolation and innocently exposed the sufferers, thereby infecting others and disseminating the disease. Many of the cases came to light only as a result of special visits paid to infected schools by members of your staff and as a result of the District Sanitary Inspectors visiting the homes of school absentees.

Diphtheria notifications amongst school children numbered 126 as compared with 80 in 1928. Unlike the outbreak of scarlet fever, the disease manifested itself in virulent form and accounted for 13 deaths, a mortality rate of 10.3 per 100 cases.

It is hoped that the incidence of Diphtheria will be diminished as a result of the Diphtheria Immunisation Centre inaugurated by the Health Committee and of which full particulars will be found in the Annual Health Report.

Twenty-one cases of Smallpox were notified amongst school children during the year. There were no deaths associated with the disease, which was of a mild type.

Of the non-notifiable infectious diseases, a large increase occurred in the number of cases of Measles, 242 as against 65 in 1928.

Measles is regarded by many of the general public as a disease of little account, whereas, by reason of its complication, pneumonia, it ranks high amongst the killing diseases. Whereas in 1928 the total number of deaths from Scarlet Fever at all ages, in England and Wales was 580, 4,249 deaths from Measles occurred amongst children below the age of 15 years.

Of other non-notifiable infectious diseases, Whooping Cough, Chicken-pox and Mumps exhibited a marked decline.

It has been urged that school closure should constitute the main weapon in the control of school epidemics. In this connection I would quote from the Joint Memorandum of the Ministry of Health and the Board of Education on "Closure and Exclusion from School," wherein it is stated that "As a general rule . . . "closure of a school is not justified unless all the following conditions are simultaneously present, namely, unless (a) evidence points to the continued meeting of children in school as a source of infection, (b) cases of infectious disease continue to occur after every effort has been made to discover the infecting cause and (c) there is good reason to expect that closure will considerably reduce the likelihood of exposure to infection."

### VACCINATION.

The number and percentages of children examined at routine inspection and found to be Unvaccinated were as follows :—

*Table 30.*

	Number Examined	Number Unvaccinated	Percentage Unvaccinated	Percentage Unvaccinated 1928
Entrants (Boys) .....	1056	637	60·3	55·1
,, (Girls) .....	1037	600	57·9	59·8
Intermediates (Boys)	979	646	66·0	66·7
,, (Girls)	907	576	63·5	64·8
Leavers (Boys) .....	727	428	58·8	56·8
,, (Girls) .....	773	439	56·8	63·9
Totals .....	5479	3326	60·7	60·8

## Section 4.

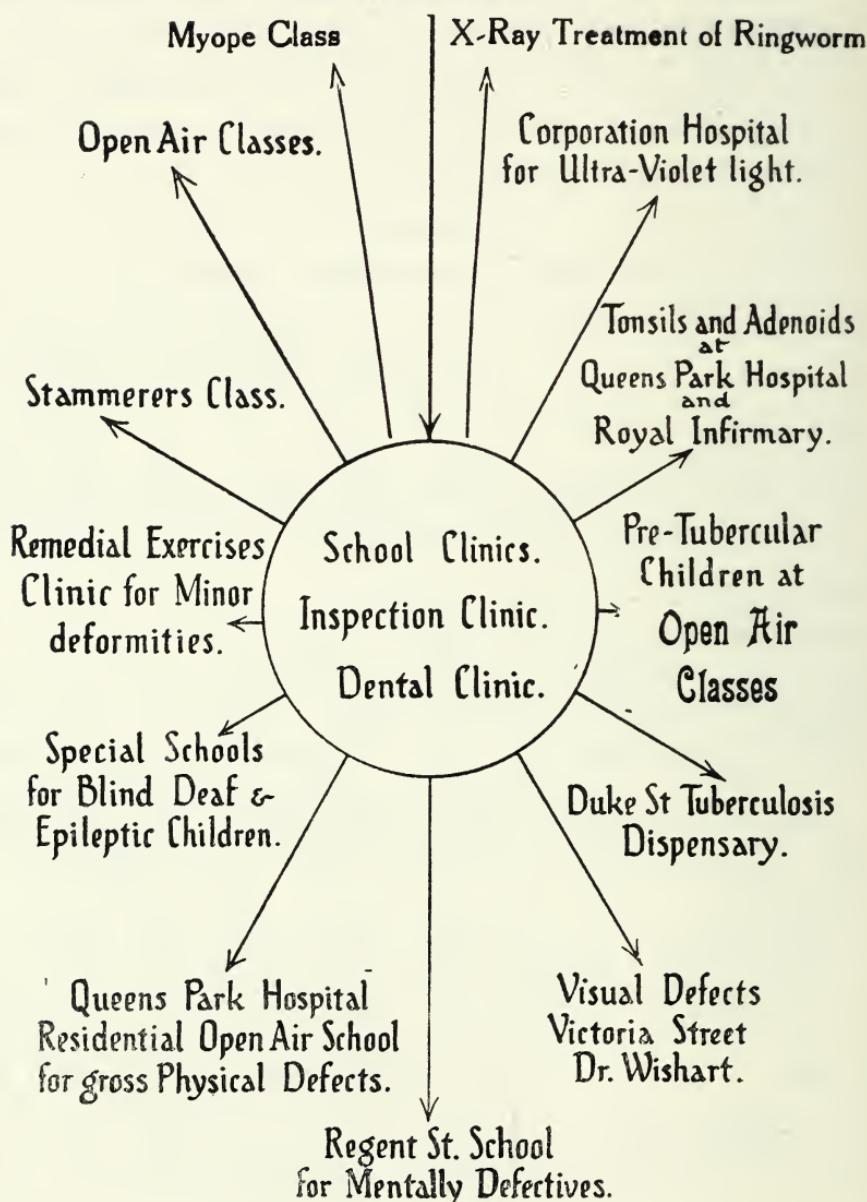
### FOLLOWING UP.

When a child is found suffering from a physical defect the parents are notified verbally or by circular letter of the defect from which the child is suffering and are advised to secure treatment without delay. A record is kept of all such children, who are then followed up by the School Nurses to ensure that the appropriate treatment is obtained.

*Table 31.*  
THE WORK OF THE SCHOOL NURSES.

	No. 1 District	No. 2 District	No. 3 District	No. 4 District	No. 5 District	Totals
<i>Visits to Schools re Cleanliness :</i>						
Visits to Schools .....	118	70	95	100	114	497
No. of Children Inspected ...	8481	6405	7278	7571	9833	39568
No. of Children found Unclean	1513	1584	1088	1375	1668	7228
No. of Children with Skin Complaints .....	16	48	17	11	6	98
<i>Visits to Schools re Infectious Diseases :</i>						
Visits to Schools .....	20	6	9	3	7	45
<i>No. of Children Inspected—</i>						
Scarlet Fever .....	1913	346	803	358	797	4217
Diphtheria .....	...	59	...	...	...	59
Other Infectious Diseases .....	207	141	388	...	251	987
Total Children Inspected ..	10601	6951	8469	7929	10881	44831
<i>Home Visiting by School Nurses :</i>						
Concerning—						
Uncleanliness .....	275	55	65	83	68	546
Minor Ailments .....	80	29	28	18	5	160
Defects found at Routine Inspections .....	1135	963	945	988	951	4982
Totals .....	1490	1047	1038	1089	1024	5688
<i>No. of Clinic Sessions Attended.....</i>	211	211	206	213	228	1069

# Defects.



## Section 5.

### TREATMENT.

#### MINOR AILMENTS.

*Table 32.*

#### THE WORK OF THE SCHOOL CLINICS.

*Summary of work done :—*

	New Cases	Re-visits	Totals	Totals 1928
Visits to—				
Minor Ailments Clinics .....	2250	16898	19148	19562
Inspection Clinics .....	1033	515	1548	1028
Dental Clinic .....	4144	672	4816	7604
Remedial Exercises Clinic ..	373	8110	8483	7776
Ophthalmic Clinic .....	528	695	1223	1239
	8328	26890	35218	37209

The are two School Clinics in Blackburn, one at the Health Office, Victoria Street, and one at All Saints' School, Bolton Road. Treatment of minor ailments is given every morning at Victoria Street, and every afternoon, except on Saturdays, when a morning clinic is held, at Bolton Road. Selected cases are referred to the Assistant School Medical Officer who attends each morning at Victoria Street and visits Bolton Road periodically.

An Inspection Clinic is held at Victoria Street on Wednesday afternoons and Saturday mornings, where the Assistant School Medical Officer examines children referred for special examination by parents, teachers, school nurses, school attendance officers, or from school medical inspections.

During the year 1929, 94 Inspection Clinics were held to which 1,033 new cases were referred for examination.

The appended table gives a classification of defects treated at the Clinics during the year:—

Table 33.

Complaint.	1928			1929			Comparison with 1928	
	Cases.	Attendances	Average number of attendanc's per case.	Cases.	Attendances	Average number of attendanc's per case.	Attend'ce inc. or dec.	Cases.
Ringworm—Scalp ..	277	3361	12·1	193	2554	13·2	- 707	- 84
Body	111	856	7·7	105	1044	9·9	+188	- 6
Scabies .....	9	9	1·0	12	4	3·0	- 5	+ 3
Impetigo .....	562	4467	7·9	516	4895	9·4	+428	- 46
Other Skin Diseases	82	438	5·4	99	607	6·1	+169	+ 17
Minor Injuries ....	424	2623	6·1	545	3437	6·3	+814	+ 121
Verminous Head ....	356	1025	2·9	236	698	2·9	-327	- 120
", Body .....	7	17	2·4	6	4	0·6	- 13	- 1
Otorrhœa .....	61	1012	16·6	60	819	13·6	-192	-1
Other Ear Defect or Disease ....	186	2111	11·3	139	1120	8·0	-991	- 47
Blepharitis .....	9	184	20·4	32	236	7·3	+ 52	+ 23
Conjunctivitis .....	15	65	4·3	20	180	9·0	+115	+ 5
Other External Eye Disease ....	153	1153	7·5	148	1183	7·9	+30	- 5
Miscellaneous .....	519	2241	4·2	533	2367	4·4	+126	+14
Totalis .....	2771	19562	7·05	2644	19148	7·2	-414	-127

Consideration of the figures in Table 33 shows a decrease in the total number of new cases treated of 127 and a decrease in the attendances made of 414.

## 2.—TONSILS AND ADENOIDS.

Operative treatment of tonsils and adenoids is undertaken by Dr. Wishart, part-time Specialist on the Staff of the Department, at the Royal Infirmary and at the Queen's Park Hospital.

During 1929, 366 such cases were recommended for treatment, and the parents of 259 of the cases chose to avail themselves of the Local Education Authority's Scheme. The parents are allowed to choose at which hospital the operation shall be performed; 48 chose the Queen's Park Hospital and 211 the Royal Infirmary.

During the year 15 operating sessions were held at the Royal Infirmary and 200 cases operated upon. Of these cases 42 proceeded home by Police Ambulance or taxis a few hours after the

operation, 157 were kept in overnight and discharged the day after the operation, and one was detained two days. At the end of February arrangements were made with the Royal Infirmary authorities for the retention in the Hospital for one night of all cases operated on, and subsequent to this arrangement only three parents failed to avail themselves of these facilities and insisted on taking their children home on the same day as the operation.

In the latest report upon "The Health of the School Child," the Chief Medical Officer of the Board of Education, states with reference to the treatment of Enlarged Tonsils, that:—

- "(a) No child should be submitted to operation unless it is evident that non-surgical conservative methods would fail.
- (b) The final selection of cases for operation should be made by a surgeon with special experience in diseases of the ear, nose and throat.
- (c) The patient should be examined to detect any physical contra-indications to operation (e.g., evidence of fits, disease of heart or lungs, status lymphaticus, etc.).
- (d) The careful preparation of the patient for operation is of the utmost importance. When this is carried out in the home, directions to the parents should be drawn up with clearness and simplicity, and a school nurse should visit in order to see that these directions are carried out.
- (e) The operation should, of course, be performed by a specialist in this work, but no less important is the selection of an anaesthetist with experience in this difficult anaesthetic administration.
- (f) Suitable and complete arrangements should be made for the recovery of the child, and patients should not be allowed to leave the recovery room until pronounced fit by a medical officer.
- (g) Facilities for the transport of children to their homes after

operation should be provided, and a school nurse should visit immediately after the discharge of patients from the clinic or hospital. *As a rule, satisfactory conditions can be obtained only by the in-patient treatment of a child before and after operation.* Restriction in hospital accommodation unfortunately prevents this ideal being secured in all areas, yet none the less, it is one which should be constantly before the mind of school medical officers in administrative charge of this branch of the school medical service.

In this connection, it is pertinent to point out that under the new Local Government Act, poor law hospitals that come under the direct control of County and County Borough Councils, are under the direct administration of the Medical Officer of Health, who is also usually the School Medical Officer. The grouping of the whole of the public medical service under one head necessarily makes the function of a unit of that service more elastic, and more capable of meeting the particular needs of an area. It may be possible in the future, therefore, where the existing facilities are inadequate, to provide accommodation in these institutions for treatment of Enlarged Tonsils and Adenoids, where they can be operated on by the Authority's specialist, and where all the conditions of what may be considered a satisfactory scheme can be fulfilled."

The procedure as to treatment outlined above is that followed by your School Medical Department.

Operating sessions were held on 5 occasions at the Queen's Park Hospital and 42 children operated upon. All the children operated upon were admitted to the Hospital the day before operation and discharged two days subsequent to operation.

All children attend the Inspection Clinic the day before operation and are subjected to medical examination, operation being deferred in respect of those cases whose physical condition warrants postponement.

Post-operative treatment of these cases is begun at the Remedial Exercises Clinic some fourteen days after operation and takes the form of breathing exercises. These exercises are most

important in the correction of the faulty breathing and postural defects produced by tonsils and adenoids.

At the end of the year 112 children were awaiting operation, 89 at the Royal Infirmary and 23 at the Queen's Park Hospital.

### (3) VISUAL DEFECTS.

*Table 34.*

	Number of Defects Dealt With.				Spectacles Prescribed.		Spectacles Obtained.	
	Under the Authority's Scheme.	Submitted to Refraction by Private Practitioner or Hospital apart from the Authority's Scheme.	Total.	Under Authority's Scheme.	Otherwise.	Under Authority's Scheme.	Otherwise.	
Errors of Refraction .....	780	15	16	811	620	31	484	31
Other Diseases or Defects of the Eyes .....	12	...	...	12	...	..	..	..
	792	15	16	823	620	31	484	31

During the year 484 children, following refraction at the Eye Clinic, obtained spectacles. Of these 206 were paid for by the Local Education Authority at a total cost of £71 4s. od. Of this sum £59 1s. 6d. was subsequently recovered from the parents.

During the year Dr. Wishart held 84 sessions at the Victoria Street premises and examined 792 children, of whom 620 were in need of spectacles and for whom spectacles were prescribed. The parents of 31 other children suffering from refractive errors secured the appropriate treatment otherwise than under the scheme of the Local Education Authority.

Of the children examined for visual defect 454 were new cases referred for a first examination during the year.

I append a Table classifying the results of examination at the Ophthalmic Clinic:—

*Table 35.*

Defect	Number	Percentage	Percentage 1928
<b>EYE DISEASES :</b>			
Blepharitis .....	3	25·00	11·76
Phlyctenular Conjunctivitis .....	...	...	11·76
Nebule (Corneal) .....	6	50·00	58·84
Cataract (Congenital) .....	1	8·33	11·76
Other Eye Diseases .....	2	16·67	5·88
	12		
<b>EXAMINED FOR REFRACTIVE ERRORS :</b>			
Emmetropia (Normal Vision)..	26	5·78	5·62
Simple Hypermetropia .....	81	18·43	13·65
Hypermetropic Astigmatism ..	118	26·58	32·53
Mixed Astigmatism .....	99	22·50	19·07
Myopia .....	80	18·12	16·07
Myopic Astigmatism .....	38	8·59	13·06
Total .....	454		

#### TREATMENT OF MYOPES.

In the Report for 1928 your attention was directed to the desirability of making special provision for the education of the myopic child. The opening of the new school at Roe Lee Park has rendered such provision possible and arrangements, approved by the Board of Education, are in hand for the provision of a special myope class of about 20 children at this school.

Selected cases of defective vision have been examined by your Ophthalmic Surgeon and, of these, 20 have been entered for admission to the class.

The object of a myope class is to adapt educational methods to eye-defect. With this end in view close work is reduced to a minimum, oral instruction being substituted for written as far as is possible. For such writing as is done the child uses a miniature blackboard fixed at the correct distance from the eye and attached to a special desk so placed that the optimum use is made of natural and artificial light.

Attention is paid not only to treatment of the visual defect, but also to improving the general physical condition of the children admitted, and the Class is, therefore, to be conducted on Open-Air School principles; the mid-day meal, cooked at the central kitchen, will be taken at the school and followed by a period of rest.

As the type of instruction given at the Myope School is somewhat specialised and as no available teacher possessed the requisite experience, a teacher familiar with Open-Air School work was selected for a course of training undertaken, by courtesy of the Sheffield Education Authority, at the Sheffield Myope School.

## THE WORK OF THE SCHOOL DENTAL DEPARTMENT.

### I.—DENTAL INSPECTION.

I am indebted to Mr. H. Yates, L.D.S., Senior Dental Surgeon, for the statistical data submitted in this section of my report.

With the exception of 5 sessions devoted to dental work in connection with the Tuberculosis Scheme, and 67 sessions to dental treatment of Maternity and Child Welfare cases, the whole time of the Dental Surgeons has been spent in examination and treatment of school children.

In Table 37 it will be noted that the number of children examined during 1929 was 925 less than in 1928.

The number of treatments actually given, however, is practically the same as those in 1928.

<i>Nature of Treatment.</i>	1929	1928
Permanent Teeth Fillings. ....	2633	... 1469
Temporary Teeth Fillings .....	13	... .4
Root Fillings .....	27	... —
Extractions .....	8930	... 10307
Other Operations .....	847	... 658
	12450	12438

The efforts of the School Dental Service have been devoted almost entirely to preventive and conservative work. Wherever possible teeth have been filled rather than extracted and during 1929 twice as many fillings have been done as in 1928. The number of extractions is 1,377 less than in 1928.

It is appreciated by this Department that every endeavour should be made to employ conservative methods as widely as possible and, with this end in view, your dental surgeons have devoted the largest proportion of their time to filling—a lengthy operation—rather than to the short one of extraction. By the application of preventive methods many teeth have been saved during the year, although the number of children actually inspected by the School Dental Staff during the year is lower than in 1928.

In the past many parents were opposed to the operation of filling and favoured extraction. They are beginning to realise that filling is the course of election, that the filled tooth retains its full use, and that it is functionally and aesthetically preferable to an edentulous gap.

*Table 36.*  
INSPECTIONS IN SCHOOLS BY THE DENTAL SURGEONS.

Table 37.

	1928.	1929.
Total number of children inspected .....	6805	5875
Number with Dental Caries .....	5123—75.4 %	4689—79.8 %
Number advised to have Treatment .....	5123—75.4 %	4689—79.8 %
Number not requiring Treatment .....	1682—24.6 %	1186—20.1 %
Number of parents present at Inspections .....	401— 7.8 %	374— 7.8 %
Number of consents for Treatment at Clinic .....	3611—70.4 %	3292—70.2 %
Number who prefer Private Treatment .....	132— 4.6 %	323— 6.8 %
Number no Definite Decision .....	714—13.9 %	416— 8.8 %
Number who Refused Treatment .....	609—11.8 %	658—14.0%

Table 38.

## REFERRED FOR TREATMENT—AGE GROUPS.

Sex	6 yrs.	7 yrs.	8 yrs.	9 yrs.	10 yrs.	11 yrs.	12 yrs.	13 yrs.	14 yrs.	15 yrs.	16 yrs.	17 yrs.	Tot'l's
B ..	364	398	474	313	192	185	270	271	21	10	...	3	2401
G ..	352	394	462	338	176	178	226	140	21	1	...	...	2288
Tot'l's	716	792	936	651	368	363	496	411	42	11	...	3	4689

Table 39.  
TREATMENT—AGE GROUPS.

Sex.	5 years.	6 years.	7 years.	8 years.	9 years.	10 years.	11 years.	12 years.	13 years.	14 years.	15 years.	16 years.	Totals.											
Boys .....	212	95	113	203	94	212	112	235	100	145	76	93	40	145	56	125	81	36	23	7	...	...	2206	
Girls .....	217	169	147	234	132	250	140	256	104	141	73	142	42	202	44	197	75	27	10	4	3	...	4	2610
Total ....	429	264	260	437	226	462	252	491	204	286	149	235	82	347	100	322	156	63	33	11	3	...	4	4816

Table 40.  
DENTAL TREATMENT.

Root Treatments.						
No. of Permanent Teeth	No. of Temporary Teeth	Total Number of Teeth	No. of Administrations of General Anesthetics.	No. of Local Anesthetics.	No. of other operations.	
Routine ....	91	863	6397	105125835491	13	3342
Specials ....	...	...	1898	455	501933	379
Total	91	863	8295	150626337424	13	4796
						421
						385
						41
						27

1928						
Appointments to attend the Clinic were made to the Number of ... The number of appointments kept were ..... The number of mouths made healthy were .....						
Routine	....	91	863	6397	105125835491	13
Specials	....	...	...	1898	455	501933
Total		91	863	8295	150626337424	13
						4796
						421
						385
						41
						27

1929						
Appointments to attend the Clinic were made to the Number of ... The number of appointments kept were ..... The number of mouths made healthy were .....						
Routine	....	91	863	6397	105125835491	13
Specials	....	...	...	1898	455	501933
Total		91	863	8295	150626337424	13
						4796
						421
						385
						41
						27

## Section 6.

### SPECIAL SCHOOLS AND CLASSES.

#### THE RESIDENTIAL SCHOOL FOR PHYSICAL DEFECTIVES.

This school, which is at Queen's Park Hospital, is for the reception of children who are so incapacitated on account of deformity or other defect, as to be unable to derive benefit from education in an ordinary Elementary School. The school is designed on open-air lines and surrounded by ample playing space. The instruction given is mainly individual and is adapted to the capacity of each individual child. Teaching is carried out in an Open-Air Schoolroom in charge of the Head Teacher, and in three wards under the care of a Class Teacher. The morning is devoted to Elementary School subjects and the greater part of the afternoon session to manual work such as raffia weaving, basket-making, brush and pencil work, etc. The older girls in attendance cut out and make their own garments, and are taught decorative needlework.

Physical exercises are necessarily of a simple nature, short walks are taken and games played by those whose physical condition permits, and the bed-ridden cases perform breathing exercises.

During the year 79 cases were admitted in addition to 75 who were in Hospital at the end of 1928.

Such children as are in need of surgical treatment are operated on by Dr. Briggs, the Surgeon in clinical charge of the school. During the year 32 such cases were dealt with.

I append a Table which classifies the defects of children admitted during the year.

Defect.	Number.
Tubercular Disease of Bones and Joints:	
(1) Hip .....	2
(2) Vertebral Column .....	1
(3) Other Regions .....	—
Surgical Tuberculosis other than of Bones and Joints .....	5
Congenital Deformities .....	7

Deformities due to Rickets .....	4
Rheumatism .....	4
Paralysis .....	3
Torticollis .....	4
Other Conditions .....	49

### NURSERY CLASSES.

Nursery Classes, which last year numbered 8 and provided accommodation for approximately 320 children between the ages of 3 and 5 years, now number 13 and have an average per class of 34.

The Nursery Class occupies an important position in the physical and educational development of the young child. Due importance is paid to the teaching of hygiene, to the period of rest and to generally improving the physique of the toddlers in attendance. Notwithstanding the prominence given in the time-table to instruction in hygiene and health, due regard is paid to the development of mind and character, to the cultivation of good habits and kindness to others.

To co-ordinate the Nursery Class and Child Welfare movements Medical Inspections of Nursery Class Children are undertaken by Dr. Mackenzie, who has known most of the Nursery Class children from their Child Welfare Clinic days. Dr. Mackenzie has frequently commented most favourably on the better physique and mental alertness of these children as compared with those in attendance at the ordinary Infant Departments.

In a joint circular issued by the Minister of Health and President of the Board of Education it is recommended that:—

“ Authorities should consider the possibility of extending and improving the provision which they at present make for children under five in their Elementary Schools either by means of ‘Nursery Classes’ or otherwise.

“ In planning new Infants’ Schools the desirability of including provision for children between three and five should be carefully considered. As regards the nature of the provision, the Nursery School will remain the model, but the extent to which the accommodation approximates to this model may be affected by the character of the district to be served, and the presence or

absence of Nursery Schools. In any case the special needs of these young children should be borne in mind. The accommodation should be on open-air lines with as much free space as possible, and the lavatory and sanitary provision should be adapted to the children's age, with an abundant supply of cold, and wherever possible hot, water. As regards equipment, small tables and chairs should take the place of desks, and stretcher beds should be supplied, or other simple arrangements made for the children's sleep. The provision of milk during the morning and again if necessary in the afternoon, will be found very valuable. Where existing accommodation is to be used, it will be necessary to consider how far the premises can, by the addition of open-air shelters, or otherwise, be rendered more suitable for young children on the lines indicated above."

In schools to be erected little difficulty should be experienced in providing Nursery Class accommodation which, as at Roe Lee Park School, approaches the ideal. The desirability of providing Nursery Class accommodation should be borne in mind in connection with the new school in course of erection at Audley.

A typical Time-Table is as follows:—

#### MORNING.

- 9- 0— 9-25: Welcome. Shoes and Overalls. Handkerchief Inspection. Teeth Cleaning.
- 9-25— 9-50: Nature and Home Chat. Care of Room.
- 9-50—10-15: Lavatory and Hand Washing.
- 10-15—10-30: Preparation for Lunch. Speech Training.
- 10-30—10-45: Lunch.
- 10-45—11- 5: Cleaning, Play or Occupation.
- 11- 5—11-20: Music or Games.
- 11-20—11-50: Sense Training.
- 11-50—12- 0: Preparation for Home.

#### AFTERNOON.

- 1-30— 1-45: Welcome. Shoes and Handkerchiefs.
- 1-45— 3- 5: Beds and Sleep. Shoes.
- 3- 5— 3-35: Free Play or Occupations.
- 3-35— 3-45: Preparation for Home.  
Slippers used according to weather.

## TREATMENT OF OTHER DEFECTS.

## (1) DEFORMITIES.

## SPECIAL ORTHOPAEDIC CLINIC.

During 1929 it was necessary for 22 Inspection Clinics to be held by the Orthopædic Surgeon; 182 patients making 291 attendances, an increase of 40 patients and 85 attendances over those in 1928.

As in former years, some of the children examined by the Orthopædic Surgeon were referred to the Remedial Exercises Clinic for re-education and allied treatment. The other children who were not requiring active treatment at the Remedial Clinic were taken there at intervals for advice as to progression of home treatment, and to ensure that splints and special appliances were in good repair and worn correctly.

A comprehensive survey of the children is obtained on such occasions as summer picnics and Christmas parties, which the Remedial Gymnast attends, and to which the children flock almost without exception, and many points regarding their condition and progress are noted.

At intervals during the year, and as occasion arose, remedial gymnastic classes were held for children who were too seriously disabled to benefit by the physical education in their respective schools. Although the work in these classes has of necessity to be greatly modified, compared with that performed by normal children, and adapted to the special conditions of those attending, the children appear to benefit mentally as well as physically by their efforts to overcome disabilities.

Since the institution of the Orthopædic Clinic in 1923, many children who have attended while of school age, and have reached the age limit covered by the activities of the Education Authorities, have been automatically discharged. Some of them, too seriously disabled to take their place in competition with normal children as wage-earners, would benefit both physically and mentally, and thereby lessen the economic problem, could they be but helped to train for such work as their condition warrants.

As well as receiving vocational training, these children would profit considerably by outside interest in their general welfare. Valuable work is done by the local branch of the Crippled Children's Aid Association for children under the age of 16 years, and Blackburn is fortunate in the sympathy of its townspeople towards these unfortunate children and young adults. The work and main objective of this Special Orthopædic Clinic would be materially assisted by the formation of a Local Association for the Care of Cripples, representative of all public bodies and individuals interested in the work.

#### SPLINTS, ETC.

Splints and special appliances were again supplied to necessitous cases through the generosity of the Crippled Children's Aid Association, who also made arrangements for admission to Queen's Park Hospital of children requiring operative or other special treatment.

#### REMEDIAL EXERCISES CLINIC.

During 1929 the arrangement of the work in the clinic was the same as in former years, the following facts showing the chief points of progress:—

- (1) 392 children made 8,482 attendances, as compared with 355 attending 7,769 times in 1928.
- (2) The waiting list of minor deformities was completely cleared every few weeks.
- (3) Post-operative Tonsil and Adenoid cases were admitted immediately treatment was advised.
- (4) Only 28 children left before their course of treatment was completed, as against 73 in 1928.

Table 41.

## CASES REFERRED FROM SCHOOL MEDICAL INSPECTION.

DEFECT.	Under Treatment Jan. 1st 1929	New Cases Admitted during 1929	Total No. Treated	Discharged	Left before Treatment concl'ded	Under Treatment Dec. 31st 1929	Attendances
Breathing exercises .....	58	218	276	158	25	93	5388
<b>DEFORMITIES :—</b>							
Scoliosis .....	6	6	12	12	...	...	268
Kyphosis .....	21	20	41	27	2	12	1124
Kypho-Scoliosis .....	4	..	4	3	...	1	157
Pigeon Chest & Kyphosis	...	...	...	...	...	...	...
Harrison Suleus .....	...	...	...	...	...	...	...
Stands badly .....	1	...	1	...	1	...	10
Pes Planus .....	...	1	1	1	...	...	4
General Treatment .....	...	1	1	1	...	...	29
Total .....	90	246	336	202	28	106	6980

Table 42.

## CASES OF SCHOOL AGE REFERRED FROM ORTHOPAEDIC CLINIC FOR REMEDIAL EXERCISES AND ELECTRICAL TREATMENT.

Defect	Under Treatment Jan. 1st 1929	New cases admitted during 1929	Total Number treated	Discharged	Under Treatment Dec. 31st 1929	Attendances	
						Remedial Exercises	Electric'l treat-ment
Spastic Paraplegia ...	3	1	4	2	2	143	...
Infantile Paralysis ...	6	1	7	3	4	313	217
Scoliosis .....	1	0	1	0	1	134	...
Pes Planus .....	1	3	4	0	4	94	...
Pes Cavus .....	1	0	1	0	1	32	...
Obstetrical Paralysis	1	1	2	1	1	6	...
Joint Tubercular ....	0	1	1	1	0	47	...
Talipee Equino Varus	0	0	0	0	0	0	...
Injuries .....	1	1	2	2	0	21	...
Genu Valgum .....	2	0	2	2	0	52	...
Other .....	2	0	2	2	0	42	...
Total .....	18	8	26	13	13	884	217

Table 43.

## ORTHOPAEDIC CLINIC.

No. of Inspection Sessions .....	22
,, , Patients attended .....	182
,, , Patients of School Age Admitted .....	34
,, , Patients under School Age Admitted .....	38
,, , Patients over School Age Admitted .....	2
,, , Patients referred for X-Ray .....	25
,, , Patients referred for Special Appliances, Boots, etc.	61
,, , Patients referred for Admission to Queen's Park Hospital .....	28
,, , Patients referred for Admission to Blackburn Royal Infirmary .....	1

## ORTHOPÆDIC CLINIC.

1929.

	B.F.	New Cases.	Attendances.
School Medical Department ...	237	30	149
T.B. Department .....	53	7	35
M. and C.W. Department .....	34	37	107
Other Cases .....	...	...	...
	324	74	291

Table 44.

REMEDIAL EXERCISES  
(ALL CASES).

DEFECT.	Under treatment, Jan., 1929.	Cases of School age admitted 1929.	Cases of School age not of School age admitted 1929.	Home Treatment for Hospital.	Discharged for Hospital.	Left before discharge.	Attendees.	Treatment.	Test.	Treatment.	Test.	Cases of School age attending.	Treatment.	Test.	Cases not of School age attending.	Treatment.	Test.	Cases under treatment, Dec., 1929.	New cases admitted Jan., 1st, 1929.	Under treatment, Jan., 1929.	Attendees.	Dec., 31st, 1929.			
Anterior Poliomyelitis	6	1	...	313	1	4	...	...	1	217	4	...	41	...	23	...	17	...	...	...	...	...			
Tubercular Conditions	...	1	1	...	63	...	...	...	...	...	...	...	33	7	35	49	...	...	...	...	...	...	...		
Rickets	...	2	...	...	52	...	...	...	...	...	...	...	132	31	101	152	...	...	...	...	...	...	...		
Congenital Dislocations	...	...	...	...	...	...	...	...	...	...	...	...	11	2	7	8	...	...	...	...	...	...	...		
Talipes	...	1	...	6	...	307	...	...	...	...	...	...	7	...	15	7	34	21	...	...	...	...	...	...	
Results of Accidents	...	1	1	...	2	...	21	...	...	...	...	...	...	...	14	5	11	13	...	...	...	...	...	...	
Pes Planus	...	1	3	...	...	94	...	...	...	...	...	...	4	...	4	1	6	5	...	...	...	...	...	...	
Pes Cavus	...	2	...	1	...	32	...	...	...	...	...	...	1	...	6	1	4	4	...	...	...	...	...	...	
Curative of Spine	...	2	...	1	...	134	...	...	...	...	...	...	1	...	7	...	4	2	...	...	...	...	...	...	
Birth Injuries	6	2	1	5	...	227	...	...	...	...	...	...	4	...	12	5	22	19	...	...	...	...	...	...	
Other Defects	...	2	...	2	...	42	...	...	...	...	...	...	...	...	...	22	11	38	36	...	...	...	...	...	...
N.A.D.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	4	6	8	...	...	...	...	...	...	
	23	8	8	17	...	1285	1	4	...	...	1	217	22	323	324	74	291	334	...	...	...	...	...	...	

## PHYSICAL TRAINING.

During the year the use of individual work both in games and in formal drill has continued to progress with excellent effect on the initiative and self-reliance of the scholars.

Every effort has been made to secure access to a suitable playing field for all the scholars in the town, and there are now very few cases where schools are hampered in the promotion of organized games by lack of a satisfactory ground. In this connection the new field acquired by the Education Committee at Pleckgate has been very convenient and has been extensively used. Later it will be possible also to employ the playing fields which are to be laid out at the new Roe Lee Park School and the projected school at Audley as well as the site acquired at Intack for the general benefit of the schools in these respective neighbourhoods.

Net-ball, shoot-ball, captain-ball and other games are practised at the girls' schools and occasional challenge matches are played. It is to be hoped that these will become more frequent and that ultimately a league or leagues and a knock-out competition will be set up on similar lines to those followed with much success in football by the boys.

The Committee desire to record their appreciation of the work of the School Football Association, which for the past 30 years has done so much for the organised games of the boys in attendance at the Public Elementary Schools. They desire especially to thank those teachers who throughout the winter have spent a great deal of their spare time in supervising the practice and games of the boys. They thank also the Blackburn Rovers Football Club for their kindness in granting the free use of Ewood Park for many of the games and also thank those officials who so readily act as referees and linesmen in the final games of the season.

## OPEN-AIR EDUCATION.

There are two Open-Air Schools in Blackburn, one in the Corporation Park and the other at the Corporation Hospital. The latter comprises a residential section and a non-residential section. The residential Open-Air School is for the reception of

the tubercular or pre-tubercular child, a type of child unfit to attend either an open-air class or ordinary elementary school. In the appended table it will be noted that the average increase in weight of those discharged from the Residential Open-Air School is less than the corresponding figure for the other open-air classes and schools. This is explained by the fact that the average duration of attendances at the Residential School is less than that of the other Schools or Classes and that the type of child received into this School is more sickly than the type to be found at the other open-air schools and classes.

Owing to the heavy prevalence of Scarlet Fever it became necessary to close the Hospital Open-Air School on July 6th, 1929, in order to provide accommodation for cases of Scarlet Fever. It is not proposed to re-open the Corporation Hospital Open-Air School; the ward vacated will be used for the reception of 40 cases of Tuberculosis.

Table 45.

	On register 31/12/28	Admitted in 1929	Dis- charged in 1929	On register 31/12/29	Av. duration of attendances of those discharged	Av. increase in weight of those discharged
SCHOOLS- <i>Non-Residential</i>					Weeks	
Corporation Park .....	53	20	19	54	115	13·5 lbs.
Corporation Hospital .....	32	10	9	33	65	12·2 lbs.
Totals .....	85	30	28	87	90	12·8 lbs.
CLASSES :						
Accrington Road .....	26	16	15	27	95	14·2 lbs.
Bangor Street .....	26	14	13	27	61	12·5 lbs.
Totals .....	52	30	28	54	78·5	13·4 lbs.
RESIDENTIAL :						
Corporation Hospital	14	11	5	20	73·2	6·5 lbs.
Grand Totals .....	151	71	61	161	80·6	10·9 lbs.

The meals for children in attendance at the Hospital Open-Air School were prepared at the hospital; those for children attending Bangor Street, Accrington Road and the Corporation Park School are prepared at the Mayson Street Centre and dis-

tributed from there. The dinners provided are liberal in quantity and, as will be appreciated from the appended menus, excellent and varied.

*Dinner Menu (Open-Air Schools).*

Monday: Shepherd's Pie, Jam Tart.

Tuesday: Potato Pie, Milk Pudding.

Wednesday: Irish Stew, College Pudding and Custard.

Thursday: Cornish Pastie, Potatoes and Gravy, Stewed Prunes and Custard.

Friday: Vegetable Stew, Currant Pastry.

ULTRA-VIOLET LIGHT CLINIC.

The Ultra-Violet Light Clinic is held in an annexe to Ward V., which is normally used as an Open-Air School. Owing to an outbreak of scarlet fever the School was closed in July and reverted to its original purpose, a scarlet fever ward.

On account of danger of infection the Ultra-Violet Light Clinic was temporarily closed following reception of cases of scarlet fever in Ward V.

## ULTRA-VIOLET LIGHT CLINIC.

Table 46.

Condition.	Cases	Cases Discharged				Still under Treatment				Av. No. of Exposures in Cases Discharged as Cured				No. of Exposures so far given to all cases attended			
		Cured		Much Imp.		No Change		M.		F.		Carbon Arc.		Merc. Vap.		Carl'n M'c'y Vap.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Pretubercular State .....	7	11	1	1	...	...	...	6	10	...	...	5	22	4	648	827	
Tub. Peritonitis .....	1	1	...	...	...	...	...	1	1	...	...	...	...	...	138	144	
Tub. Adenitis .....	5	4	...	...	...	...	...	5	3	...	...	69	...	72	138	359	
Bronchitis .....	1	4	...	1	...	...	...	1	4	...	...	...	...	...	170	83	
Lupus .....	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	150	
Rickets .....	4	1	...	...	...	...	...	4	1	...	...	...	...	...	...	99	
Post-Ecephalitis .....	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	60	
Debility .....	10	5	2	...	...	...	...	8	5	60	...	72	...	...	668	512	
Skin Diseases .....	1	1	...	...	...	...	...	1	1	...	...	...	...	...	...	41	
Hæmophilia .....	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	42	
Totals .....	32	27	3	2	...	...	...	29	25	...	...	...	...	...	...	2004	2147

CHILDREN OF SCHOOL AGE REFERRED FROM VARIOUS SOURCES  
OTHER THAN THE SCHOOL MEDICAL DEPARTMENT.

Table 47.

Condition.	Cases Discharged						Still under Treatment		Av. No. of Cases Discharged as Cured		No. of Exposures so far given to all cases attending	
	Cases		Cured		Much Imp.		No Change		Carbon Arc.		Mercury Vap.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Tub. Adenitis .....	1	2	...	...	...	...	...	1	2	...	...	...
Tub. Peritonitis .....	1	3	...	...	...	...	...	1,	3	...	...	...
Debility .....	3	...	1	...	...	...	...	2	...	72	...	69
Rickets .....	3	2	...	...	...	...	...	3	2	...	...	...
Lupus .....	2	...	...	...	...	...	...	2	...	...	...	...
Pulm. T. B. .....	1	...	...	...	...	...	...	1	...	...	...	...
<b>Totals .....</b>	<b>11</b>	<b>7</b>	<b>1</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>10</b>	<b>7</b>	<b>...</b>	<b>...</b>	<b>563</b>
												<b>496</b>

## (2) RINGWORM OF THE SCALP.

During 1929 193 cases of ringworm of the scalp were treated under the Education Authority Scheme, the average period of exclusion per case being 84 days.

The treatment of ringworm of the scalp, unlike that of the body, which can be cured by means of one or two applications of iodine, is a difficult and long drawn out process unless provision be made for X-ray treatment.

The principal underlying any form of treatment of ringworm of the scalp is the removal of the diseased hairs. This may be brought about by the application of epilatory lotions or ointments which owe their action to the inflammation which they set up. Cases, previously treated by "ringworm" ointments, have attended the Clinic, in which efforts to effect a cure have had to be discontinued by reason of severe inflammatory and even septic processes induced by these so-called cures.

Local applications, even in the hands of one skilled in the treatment, are unsatisfactory by reason of the length of time taken in effecting cure, by the prolonged period of infectivity (ringworm being a contagious condition), with increased risk of the infection being passed on to others, and by the chances of the areas, inflamed as a result of treatment, becoming the seat of a secondary infection.

The Committee has recently approved a scheme for the X-ray treatment of ringworm of the scalp; this has been rendered possible by the installation of a modern X-ray apparatus at the Health Office. The treatment, which requires a highly specialised technique, is, at the time of writing this report, being carried out by a Consultant Radiologist appointed to the part-time staff of the School Medical Department. The advantages of X-ray over chemical methods of ring-worm treatment are overwhelming and may be summarised as follows:—

(1) The period of infectivity and consequent exclusion from school is considerably curtailed. Enquiries made of many Education Authorities who provide X-ray treatment of this condition revealed the following facts:—

(a) The average period of exclusion following X-ray treatment was 26 days as compared with 84 days in Blackburn.

- (b) The maximum and minimum average periods of exclusion were 39 and 14.7 days respectively.
  - (c) One of the largest Education Authorities in the country, as a result of X-ray treatment, has almost stamped out ringworm infection amongst their school population.
- (2) X-ray treatment is less "messy" than treatment by local applications.
- (3) Cure can be effected by one exposure of X-ray. Treatment by lotions or ointments necessitates more frequent applications of irritant substances than many sensitive skins can tolerate.

Table 48.

## SUMMARY OF CLINIC ATTENDANCES.

## ATTENDANCES :

	Minor Ailments	Ophthalmic Clinic	Inspection Clinic	Dental Clinic	Re-medial Exercises	Nose and Throat	Total
1920	1012	407	3433	...	...	...	4852
1921	8527	1287	2995	1658	256	159	14984
1922	10801	959	1806	2801	679	99	17145
1923	11264	666	1465	3886	773	251	18305
1924	17143	692	1407	3593	1699	362	25256
1925	22426	743	1818	4900	2848	111	32846
1926	23185	1147	1101	5036	2595	357	33421
1927	24331	1229	1113	3366	4513	265	34817
1928	19562	1239	1028	7604	7776	333	37542
1929	19148	1223	1548	4816	8483	439	35657

## STAMMERERS' CLASS.

A class for stammerers, held at Whalley Range Institute during ordinary school hours, was attended by 11 children (10 boys and 1 girl) from April 8th to May 17th.

Prior to admission to the class the children were examined by the Assistant School Medical Officer and re-examined at the conclusion of the class. All the children were very much improved in speech.

Revision classes were held at monthly intervals on Saturday mornings.

## Section 7.

### PROVISION OF MEALS.

During the year 1931 necessitous children and 187 other cases received 11,036 and 33,583 meals respectively provided by the Local Education Authority. The necessitous cases were one less than in 1928, and the number of meals with which they were supplied shows a decrease of 1,957 as compared with the corresponding figure for 1928.

### CO-OPERATION OF PARENTS.

The presence of parents is encouraged at both School Medical Inspections and at the various Clinics. For the most part the parents have been appreciative of the work of the Department and have followed the advice given by the Staff.

### CO-OPERATION OF TEACHERS.

The work of the School Medical Service has been greatly facilitated by the assistance of the Teachers at the Routine Inspections and by the information they have supplied concerning cases of infectious disease and of special cases amongst their scholars.

The influence of Head Teachers with the parents helps the attendance of children at the various Clinics and thus obviates the necessity of much "following up" and home visitation by the School Nurses.

The School Medical Department has done all that is possible to reduce interference with school routine and the wishes of school teachers as regards date and time of inspection have been met as far as possible.

### CO-OPERATION OF THE SCHOOL ATTENDANCE OFFICERS.

Information gained by the School Attendance Officers in the course of their home visits is passed to the School Medical Department and greatly facilitates the work of the staff. Their co-operation in securing attendance of children at the Clinics is most valuable and has done much towards securing treatment of defects discovered at routine medical inspections or reported by the teachers.

## CO-OPERATION OF VOLUNTARY BODIES.

### THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.

I am indebted to the Honorary Secretary, Mr. R. Muir Oddie, for the particulars below. I would like to express the thanks of the members of the School Medical Staff for the unfailing help we have received from this Society and their Inspector, Mr. Blake.

*Table 49.*

CASES REPORTED BY OFFICIALS OF EDUCATION AUTHORITY ...	100
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*Dealt with as follows—*

Warned and supervised .....	83
Admitted to Hospital .....	11
Awaiting Admission to Hospital .....	—
Dropped .....	6
 Total .....	100

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### CLASSIFICATION OF COMPLAINTS.

Neglect to provide Glasses .....	65
Refusal to attend Clinic for examination (Vision) .....	7
Neglect (verminous) .....	2
Neglect (general) .....	1
Enlarged Tonsils and Adenoids .....	11
Wry Neck .....	3
Other conditions .....	11
Number of Children provided with Glasses after parents had been warned .....	60

### THE AFTER-CARE SUB-COMMITTEE OF THE JUVENILE EMPLOYMENT COMMITTEE.

I am indebted to Mr. Duckworth, the Juvenile Employment Officer of the Education Committee, for the subjoined particulars.

During 1929 the After-Care Sub-Committee followed up at home 42 children who had left school with untreated physical defects. Of these :—

*Table 50.*

Received Medical attention since leaving School .....	9
Promised attention .....	12
Parents say defects improved and no further treatment required .....	11
Children with Glasses but not wearing them .....	8
No attention received (Defective Eyesight), parents indifferent	2

#### LICENSING OF CHILDREN FOR ENTERTAINMENTS.

Eight girls between the ages of 12 and 14 were granted permission to take part in the Opera "Duke of Milan." All the girls resided in the Borough.

Permission was also granted to one boy, aged 13 years, residing in the Borough, to take part in an afternoon's programme of the British Broadcasting Corporation, Manchester. He was examined by the School Medical Officer and a Health Certificate given.

One girl, residing outside the Borough, was granted permission to take part in an entertainment at the Palace Theatre. She was found to be in good health and well cared for.

The Licences, Birth, Medical and School Certificates of each child were produced and found to be in order.

#### BLACKBURN CRIPPLED CHILDREN'S AID SOCIETY.

The above Organisation has rendered most valuable aid to the School Medical Department and to needy children by the provision of corrective appliances. In addition their services have included the "following up" of crippled children in their homes.

### Section 8.

#### BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Full statistical details regarding blind, deaf, defective and epileptic children will be found in Table III. required by the Board of Education, in the Appendix.

### BLIND CHILDREN.

One boy and two girls are inmates of the Home for the Blind, Fulwood, Preston. During the year one boy was discharged from this Institution.

Three boys aged 13, 13, and 11 years, are inmates of the Catholic Blind Asylum, Liverpool.

The Chairman of the School Attendance Reference Sub-Committee, the Director of Education and the School Medical Officer have visited these institutions during the course of year, and the Blackburn children were seen.

### DEAF CHILDREN.

Seven boys, two of whom were suffering from mental defect, and one girl are inmates of the Royal Cross School, Preston.

Two boys were discharged during the year, both of whom obtained employment at boot repairing.

At the end of the year two deaf and dumb girls from Blackburn were in the St. John's R.C. Institution for the Deaf and Dumb, Boston Spa.

### EPILEPTICS.

Two boys suffering from Epilepsy were discharged from the Chilton Home, Maghull, near Liverpool. One was admitted to Queen's Park Hospital, and the other is having private tuition at home.

One girl and one boy suffering from severe Epilepsy attend no school, and two boys and one girl are in an institution other than a certified special school. One boy is attending an ordinary Elementary School.

Eleven boys and four girls suffering from Epilepsy of mild degree are in attendance at ordinary Elementary schools, and one boy and two girls attend no school.

### MENTALLY DEFECTIVE CHILDREN.

#### REGENT STREET SPECIAL SCHOOL.

The school can accommodate 80 children; at the beginning of 1929 there were 22 children on the school roll and at the end of the year 24.

The following Table gives particulars of the present condition of the 252 children discharged from the Regent Street School since 1910:—

ANNUAL RETURN OF THE AFTER-CAREERS OF CHILDREN  
FORMERLY ATTENDING SPECIAL SCHOOLS.

	School:		
	Regent Street Special School.	Boys.	Girls.
1. No. of children who have left the school since 1910 or since the date of certification .....	167	85	
2. No. who			
(a) have since died .....	16	10	
(b) are known to be incapable by reason of mental defect of undertaking employment ...	14	8	
(c) in attendance at an Institution for further education .....	—	—	
(d) are in other Institutions .....	19	9	
3. No. employed in			
(a) industrial or manual occupations .....	62	30	
(b) agricultural or rural occupations .....	10	—	
(c) domestic occupations (including those who are helping in domestic work at home) .....	1	14	
(d) commercial, professional or clerical work ....	7	—	
(e) "blind alley" or precarious occupations ...	5	—	
4. No. who have left the neighbourhood or whose after-careers have not been traced .....	32	13	
5. Discharged			
(Unsuitable for Regent Street School) .....	1	1	

I am indebted to Miss Balshaw, the Head Mistress, for the above particulars.

### INDUSTRIAL SCHOOLS.

Two boys were in the Wellesley Nautical School, Blyth, Northumberland, at the beginning of the year. One was admitted during the year; 1 was discharged on licence during the year and placed in sea employment.

Three boys were admitted to St. George's R.C. Industrial School, Freshfield, Liverpool, during the year; one was discharged and is working as a warehouse boy. One boy is at the Axwell Park Industrial School, Newcastle-on-Tyne. Two boys are at the Shadwell Industrial School for Boys, Leeds, and one at the Netherton Training School, Newcastle.

Two girls were admitted to the Thorparch Grange Industrial School, Boston Spa, during the year.

### PHYSICALLY DEFECTIVE CHILDREN.

#### INFECTIOUS TUBERCULOSIS.

One boy suffering from infectious pulmonary and glandular Tuberculosis does not attend any school. No known cases of this type are attending public Elementary schools.

#### NON-INFECTIOUS BUT ACTIVE PULMONARY AND GLANDULAR TUBERCULOSIS.

One boy and 3 girls are in Sanatoria; 2 boys and 3 girls in the Day Open-Air Schools; 21 boys and 20 girls attend public Elementary schools; 1 girl is in another institution, and 3 girls and 2 boys are at no school or institution.

#### DELICATE CHILDREN.

(*Latent Tuberculosis, Malnutrition, Debility, Anæmia, etc.*).

42 boys and 52 girls attend Day Open-Air Schools; 172 boys and 164 girls attend ordinary schools; 1 boy and 3 girls are at other institutions, and 13 boys and 14 girls are at no school or institution.

### ACTIVE NON-PULMONARY TUBERCULOSIS.

The open-air Children's Wards at the Queen's Park Hospital are recognised by the Board of Education as a Certified Hospital School.

Eight boys and 6 girls were inmates of an approved Hospital School; 2 boys and 5 girls were at Day Open-Air Schools; 22 boys and 12 girls were attending Public Elementary schools, and 2 boys and 3 girls were at no school or institution.

### Section 9.

#### EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Shortly before the school-leaving age is reached the juvenile employment cards are completed by the Assistant School Medical Officer, who examined 1,500 children for employment during 1929. A code number placed upon the school record enables the Juvenile Employment Officer to judge the type of employment best suited to the child's physical condition.

The number of children licensed for employment out of school hours at the end of the year was 261, the majority of whom were engaged in the delivery of milk, newspapers, groceries, etc.

*Table 51.*

#### CHIEF CAUSES OF EXCLUSIONS FROM SCHOOL.

Condition	Exclusions carr. fwd. from 1928	1929		Still excluded Dec. 1929	1929 % of total exclusions	1928 % of total exclusions
		Excln's	Returns			
Ringworm—Head .....	13	159	147	25	4·80	2·71
" Body .....	2	85	84	3	2·42	2·26
Verminous condition .....	1	206	205	2	5·77	2·92
Impetigo .....	14	178	190	2	5·35	8·87
Scabies .....	...	11	11	...	0·31	0·27
Small Pox .....	...	109	109	...	3·04	...
Scarlet Fever .....	24	1082	1042	64	30·86	6·49
Measles .....	1	256	228	29	7·17	2·64
Diphtheria .....	15	278	270	23	8·17	5·94
Whooping Cough .....	53	97	149	1	4·18	13·96
Chicken Pox .....	8	517	437	88	14·65	23·21
Mumps .....	16	64	80	...	2·23	21·83
Tuberculosis .....	14	27	32	9	1·14	1·34
External Eye Disease .....	1	33	33	1	0·95	1·17
Sore Throat .....	1	26	27	...	0·75	0·24
Other Causes .....	5	275	276	4	7·81	5·43
Ear Defects .....	1	12	12	1	0·36	0·72
Total .....	169	3415	3332	252	...	...

As in previous years infectious diseases were responsible for the greater part of compulsory absence from school. It will be noted that there was a marked increase in the incidence of infectious diseases on children during the year. These diseases accounted for 67.49 % of the exclusions in 1929.

### SECONDARY SCHOOLS.

Medical Inspections have been carried out at the Grammar School, the High School for Girls and its preparatory branch at Crosshill. One hundred and ninety-four boys were examined at the Grammar School and 114 children at the High School and Crosshill. At the High School and Grammar School the pupils are examined as entrants, at the age of 12 years, at the age of 15 years, and a special inspection embraces those over 15 who are leaving school during the year.

Table 52.

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL  
INSPECTION, 1929.

Defect	Males			Females		
	No. requiring Treatment	No. referred for Observation	Percentage of Total	No. requiring Treatment	No. referred for Observation	Percentage of Total
Malnutrition .....	..	..	..	..	..	..
<i>Uncleanliness :—</i>						
Head .....	..	..	..	..	..	..
Body .....	1	..	0·5	6	..	5·2
<i>Skin Disease :—</i>						
<i>Eye Diseases :—</i>						
Defective Vision .....	27	10	19·0	14	2	14·0
Squint .....	..	1	0·5	..	1	0·9
External Eye Disease .....	..	..	..	..	..	..
<i>Ear Diseases :—</i>						
Deafness .....	..	..	..	..	1	0·9
Otitis Media .....	..	..	..	..	..	..
Other Diseases .....	..	1	0·5	..	..	..
<i>Nose and Throat :—</i>						
Enlarged Tonsils .....	5	4	4·6	..	..	..
Adenoids .....	..	..	..	1	..	0·9
Adenoids & Enl. Tonsils .....	..	..	..	2	..	1·7
Enlarged Cervical Glands .....	..	7	3·6	7	..	6·0
<i>Dental Defects :—</i>						
Dental Defects .....	31	3	17·6	45	..	39·5
<i>Heart and Circulation :—</i>						
Organic .....	..	2	1·0	..	4	3·4
Functional .....	..	..	..	..	..	..
Anæmia .....	..	30	15·4	..	5	4·9
<i>Bronchitis :—</i>						
Other Non-Tubercular Pulmonary Disease .....	..	..	..	..	..	..
Pulmonary Disease .....	..	5	2·6	..	1	0·9
<i>Pulmonary Tuberculosis :—</i>						
Spinal Tuberculosis .....	..	..	..	..	..	..
<i>Nervous System Disorders (including Epilepsy, Chorea, etc.) :—</i>						
Nervous System Disorders .....	..	3	1·6	..	2	1·7
<i>Deformities :—</i>						
Spinal Curvature .....	..	2	1·0	1	1	0·9
Others .....	..	2	1·0	2	8	8·8
Other Defects or Diseases ..	..	..	..	1	12	11·4
<b>Totals .....</b>	<b>64</b>	<b>70</b>	<b>...</b>	<b>79</b>	<b>37</b>	<b>...</b>

Total Children Examined ...

194

114

TABLE 53  
FOLLOWING-UP.  
CASES REFERRED FOR TREATMENT AND FOLLOWED UP.

Disease or Defect	Treated.			Not Treated		Total	
	Cured.	Improved.	Not Improved.	M. F.	M. F.	M. F.	M. F.
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.
Defective Vision	...	2	...	...	...	1	3
Decayed Teeth	2	16	2	8	...	11	15
Enlarged Tonsils	2	...	...	...	...	...	2
Mouth Breathers	...	...	...	...	...	...	...
Other Nose and Throat	...	...	...	...	...	...	...
Deafness	...	1	...	...	...	...	1
Otitis Media	...	1	...	...	...	...	1
Spinal Curvature	...	1	...	1	...	...	2
Other Deformities	...	...	1	...	...	...	1
Skin Diseases	...	...	...	...	...	...	...
Anæmia	...	...	1	...	...	...	1
Other Defects	1	...	...	...	...	...	1
Pulm. T.B.	...	...	...	...	...	...	...
Total	5	20	4	9	1	11	21
						12	41

Table 54.  
CASES KEPT UNDER OBSERVATION.

Disease or Defect	Total		Referred for Treatment		Still to be kept under observat'n		Not for further observation	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Defective Vision	5	4	2	2	3	...	...	2
Enlarged Tonsils	3	1	2	...	...	...	1	1
Mouth Breather	...	...	...	...	...	...	...	...
Non.-T.B.								
Lung Defects.	4	1	...	1	2	...	2	...
Heart Defects—								
Organic	1	5	...	...	1	5	...	...
Functional	...	...	...	...	...	...	...	...
Anæmia	...	...	...	...	...	...	...	...
Defective Teeth...	1	3	1	2	...	1	...	...
Other Defects	...	...	...	...	...	...	...	...
Total	14	14	5	5	6	6	3	3

Table 55.

COMPARISON BETWEEN THE RESULTS OBTAINED IN THE ROUTINE  
MEDICAL INSPECTION OF ELEMENTARY AND SECONDARY  
SCHOOL CHILDREN.

(Percentages of Defects).

Condition	Elementary		Secondary	
	M	F	M	F
Uncleanliness—				
Head .....	2·3	24·0	...	5·2
Body .....	3·4	3·5	0·5	...
Defective Vision .....	13·7	14·9	19·0	14·0
Defects of Nose and Throat .....	24·8	24·6	4·6	...
Circulatory System Defects .....	2·5	3·6	16·4	9·9
Pulmonary System Defects (Non-Tubercular) .....	1·8	1·4	2·6	0·9
Ear Disease and Deafness .....	1·4	2·0	0·5	0·9
Dental Defects .....	16·8	13·4	17·6	39·5
Skin Diseases .....	1·0	1·3	...	...
Total .....	67·7	88·7	61·2	70·4

## HEALTH PROPAGANDA.

The system of Health Lectures to school children, begun in 1928, has been considerably extended. During the year 26 lectures have been given by the Deputy School Medical Officer and myself. The teachers as a whole have co-operated closely, and, in many instances, have sent written invitations to the parents. In all, 1,591 parents have attended, an average of 61 per lecture, and elder children, to the number of 1,200, have been addressed.

The lectures have been devoted in the main to such subjects as Personal Hygiene in Relation to Health, the Functions of the School Medical Service, and, during the latter part of the year, to Diphtheria Prevention.

## LIST OF HEALTH TALKS GIVEN TO SCHOOL CHILDREN AND THEIR PARENTS DURING 1929.

*Where held:**Lecturer:*

Blakey Moor School, Girls' Dept. ....	Dr. Thierens.
St. Anne's Girls .....	Dr. Thierens.
St. Paul's Mixed and Infants .....	Dr. Thierens.
C.E. Central, Girls .....	Dr. Thierens.

*Where held:**Lecturer:*

Mill Hill C., Junior and Infants .....	Dr. Thierens.
Cedar Street Infants .....	Dr. Thierens.
Maudsley Street Infants .....	Dr. Thierens.
Bangor Street Boys', Girls' and Open-Air School...Dr. Thierens.	Dr. Thierens.
St. Michael's, Mixed Dept. ....	Dr. McLachlan.
St. Silas', Mixed Dept. ....	Dr. Thierens.
St. Mary's R.C., Boys' Dept. ....	Dr. Thierens.
St. Anne's R.C. Infants .....	Dr. McLachlan.
Witton C.E. Infants .....	Dr. Thierens.
Park Road C. School .....	Dr. Thierens.
Christ Church School .....	Dr. Thierens.
Corporation Park Open-Air School .....	Dr. Thierens.
Cedar Street, Junior Dept. ....	Dr. Thierens.
St. Thomas's C.E., Senior Dept. ....	Dr. McLachlan.
St. Aidan's C.E., Infants .....	Dr. McLachlan.
Mill Hill C., Senior Dept. ....	Dr. Thierens.
Moss Street, C., Junior and Infants .....	Dr. Thierens.
St. Bartholomew's C.E., Infants .....	Dr. Thierens.
St. James' C.E., Guide .....	Dr. McLachlan.
St. Matthew's C.E., Infants .....	Dr. Thierens.
Bank Top Council Mixed Dept. ....	Dr. McLachlan.
Emmanuel School, Infants' Dept. ....	Dr. Thierens.

## DEATHS OF SCHOOL CHILDREN, 1929.

Accidental .....	II
Myocarditis .....	2
Diphtheria .....	13
Uræmia .....	I
Influenzal Bronchitis .....	I
Meningitis .....	I
Follicular Tonsillitis .....	I
Broncho-Pneumonia .....	4
Oedema Glottidis .....	I
General Tuberculosis .....	I
Splenic Anæmia .....	I
Epistaxis .....	I
Pulmonary Embolism .....	I
Acute Rheumatism .....	I
Toxæmia .....	I

Scarlet Fever .....	I
Misadventure .....	I
Osteo Myelitis .....	I
Appendicitis .....	I
Pulmonary Tuberculosis .....	I
	—
	46
	—

**Return for the Board Education of Work done during  
1929.**

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—*Routine Medical Inspections.*

Number of Code Group Inspections—

Entrants .....	2093
Intermediates .....	1886
Leavers .....	1500
	—
Total .....	5479
	—

B.—*Other Inspections.*

Number of Special Inspections .....	5349
Number of Re-Inspections .....	3324
	—
Total .....	8673
	—

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE  
YEAR ENDED 31ST DECEMBER, 1929.

Defect or Disease. (1)	Routine Inspections,		Special Inspections.	
	No. of Defects.		No. of Defects,	
	Requiring treatment. (2)	Requiring to be kept under observation but not requiring treatment. (3)	Requiring treatment. (4)	Requiring to be kept under observation but not requiring treatment. (5)
Malnutrition .....	...	...	1	...
Uncleanliness .....	903	...	98	...
(See Table IV., Group V.)				
<b>SKIN.</b>				
Ringworm : { Scalp .....	4	...	189	...
Body .....	2	...	103	...
Scabies .....	2	...	7	...
Impetigo .....	15	...	501	...
Other Diseases : (Non-Tuberculous) .....	42	1	99	...
<b>EYE.</b>				
Blepharitis .....	15	...	20	1
Conjunctivitis .....	5	...	15	...
Keratitis .....	...	...	...	...
Corneal Opacities .....	10	1	2	...
Defective Vision (excluding Squint) .....	504	195	127	12
Squint .....	135	1	37	2
Other Conditions .....	16	...	139	...
<b>EAR.</b>				
Defective Hearing .....	44	...	9	...
Otitis Media .....	30	...	52	...
Other Ear Diseases .....	22	...	128	...
<b>NOSE AND THROAT.</b>				
Enlarged Tonsils Only .....	134	174	42	14
Adenoids Only .....	17	24	27	11
Enlarged Tonsils and Adenoids .....	85	42	61	5
Other Conditions .....	32	14	37	3
Enlarged Cervical Glands (Non-Tuberculous) .....	3	12	18	...
Defective Speech .....	48	4	7	1
<b>TEETH</b> — Dental Diseases (See Table IV., Group IV. (Medical Inspector only) ...	591	...	10	...

TABLE II.—(Contd.).

Defect or Disease. (1)	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring treatment. (2)	Requiring to be kept under observation but not requiring treatment. (3)	Requiring treatment. (4)	Requiring to be kept under observation but not requiring treatment. (5)
<b>HEART AND CIRCULATION.</b>				
Heart Disease : { Organic	1	13	3	1
Functional	1	19	4	1
Anæmia .....	25	12	33	2
<b>LUNGS.</b>				
Bronchitis .....	38	15	39	1
Other Non - Tuberculous Diseases .....	3	3	9	...
<b>TUBERCULOSIS.</b>				
Pulmonary :				
Definite .....	...	..	1	2
Suspected .....	1	...	6	5
Non-Pulmonary :				
Glands .....	4	1	10	6
Spine .....	2	...	...	...
Hip .....	...	...	...	...
Other Bones and Joints ...	1	...	2	...
Skin .....	1	...	...	...
Other Forms .....	1	...	...	...
<b>NERVOUS SYSTEM.</b>				
Epilepsy .....	...	...	3	1
Chorea .....	2	1	39	3
Other Conditions .....	...	...	...	1
<b>DEFORMITIES.</b>				
Rickets .....	13	1	2	...
Spinal Curvature .....	27	...	3	...
Other Forms .....	14	4	6	...
Other Defects or Diseases ...	194	7	1169	3

TABLE II.—(Contd.).

**B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (excluding Uncleanliness and Dental Diseases).**

GROUP I	Number of Children		Percentage of children found to require treatment 4
	Inspected 2	Found to require treatment 3	
<b>CODE GROUPS.</b>			
Entrants .....	2093	370	17·6
Intermediates .....	1886	421	22·3
Leavers .....	1500	461	30·7
Total (Code Groups) .....	5479	1252	22·8

**Return for Board of Education of Work done during  
1929.**

**TABLE III.**

**RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.**

			<b>Boys.</b>	<b>Girls.</b>	<b>Total.</b>
BLIND  (including partially blind).	(i.) Suitable for training in a School or Class for the totally blind.	Attend'g Certif'd Schools or Classes for the Blind Attending Public Elementary Schools. At other Institutions. At no School or Institution.	3 ... ... ...	2 ... ... ...	5 ... ... ...
	(ii.) Suitable for training in a School or Class for the partially blind.	Attend'g Certif'd Schools or Classes for the Blind. Attending Public Elementary Schools. At other Institutions. At no School or Institution.	... 6 ... ...	1 4 ... ...	... 10 ... ...
DEAF  (including deaf and dumb and partially deaf).	(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attend'g Certif'd Schools or Classes for the Deaf. Attending Public Elementary Schools. At other Institutions. At no School or Institution.	8 ... ... 1	3 ... ... ...	11 ... ... 1
	(ii.) Suitable for training in a School or Class for the partially deaf.	Attend'g Certif'd Schools or Classes for the Deaf. Attending Public Elementary Schools. At other Institutions. At no School or Institution.	... 2 ... ...	... ... ... ...	... 2 ... ...
MENTALLY DEFECTIVE.	Feeble-minded. (Cases not notifiable to the Local Control Authority.)	Attend'g Certif'd Schools for Mentally Defective children. Attending Public Elementary Schools. At other Institutions. At no School or Institution.	18 8 1 2	5 12 2 3	23 20 3 5
	Notified to the Local Control Authority during the year.	Feeble-minded. Imbeciles. Idiots.	5 ... ...	2 1 ...	7 1 ...

TABLE III.—(Contd.).

			Boys	Girls	Total
EPILEPTICS.	Suffering from severe epilepsy.	Attend'g Certif'd Special Schools for Epileptics.	...	...	...
		In Institutions other than Certif'd Spec'l Schools.	2	1	3
		Attending Public Elementary Schools.	1	...	1
		At no School or Institution.	1	1	2
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools.	11	4	15
		At no School or Institution.	1	2	3
		At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board.	1	1	2
	Infectious pulmonary and glandular tuberculosis.	At other Institutions.	...	...	...
		At no School or Institution.	1	...	1
		At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board.	1	3	4
		At Certified Residential Open-air Schools.	...	...	...
		At Certified Day Open-air Schools.	2	3	5
PHYSICALLY DEFECTIVE.	Non-infectious but active pulm'ny and glandular tuberculosis.	At Public Elementary Schools.	21	20	41
		At other Institutions.	...	1	1
		At no School or Institution.	2	3	5
		At Certified Residential Open-air Schools.	...	...	...
		At Certified Day Open-air Schools.	42	52	94
		At Public Elementary Schools.	172	164	336
	Delicate children (e.g., pre- or latent tuberculosis, malnutrition, debility, anaemia, etc.	At other Institutions.	6	3	4
		At no School or Institution.	13	14	27
		At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board.	8	6	14
		At Day Open Air Schools...	2	5	7
		At Public Elementary Schools.	22	12	34
	Active non-pulmonary tuberculosis.	At other Institutions.	...	..	...
		At no School or Institution.	2	3	5
		At Certified Hospital Schools.	9	3	12
		At Certified Residential Cripple Schools.	...	...	...
		At Certified Day Cripple Schools.	...	...	...
	Crippled children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc. and including those with severe heart disease.	At Public Elementary Schools.	51	36	87
		At other Institutions.	...	...	...
		At no School or Institution.	11	6	17

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED  
31ST DECEMBER, 1929.

## Treatment Table.

Group I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.).

Disease or Defect. (1)	No. of Defects treated or under treatment during the year.		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
<b>SKIN—</b>			
Ringworm—Scalp .....	193	...	193
Ringworm—Body .....	105	...	105
Scabies .....	12	...	12
Impetigo .....	516	2	518
Other Skin Diseases .....	99	10	109
<b>MINOR EYE DEFECTS—</b> (External and other, but Excluding cases falling in Group II.)....			
	200	4	204
Minor Ear Defects .....	199	10	209
<b>MISCELLANEOUS</b> (e.g., Minor Injuries, Bruises, Sores, Chilblains, etc.) .....			
	1078	46	1124
Total .....	2402	72	2474

TABLE IV.—(Contd.).

Group II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Disease or Defect. 1)	Number of Defects dealt with.			
	Under the Authority's Scheme. 2)	Submitted to refraction by private practitioner or at Hospital apart from the Authority's Scheme. (3)	Other- wise. (4)	Total. (5)
Errors of Refraction (including Squint). (Operations for Squint should be recorded separately in the body of the Report.)	780	15	16	811
Other Defect or Disease of the Eyes (excluding those recorded in Group I)...	12	...	...	12
Total .....	792	15	16	823

Total number of children for whom spectacles were prescribed:

- |  |     |
|--|-----|
| (a) Under the Authority's Scheme ..... | 620 |
| (b) Otherwise .....                    | 31  |

Total number of children who obtained or received spectacles:

- |  |     |
|--|-----|
| (a) Under the Authority's Scheme ..... | 484 |
| (b) Otherwise .....                    | 31  |

### Group III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.			Received other forms of treatment (4)	Total Number treated (5)		
Received Operative Treatment						
Under the Authority's Scheme, in Clinic or Hospital (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme (2)	Total (3)				
242	15	267	12	279		

TABLE IV.—(Continued.)

## Group IV.—DENTAL DEFECTS.

1. Number of children who were :—

(a) Inspected by the Dentist :

Aged :

Routine Age Groups	5	.....	...
	6	.....	923
	7	.....	1013
	8	.....	1140
	9	.....	779
	10	.....	467
	11	.....	476
	12	.....	625
	13	.....	388
	14	.....	50
	15	.....	14
	Specials	.....	1898
			—
	Grand Total	.....	7773
			—

(b) Found to require treatment .....	4689
(c) Actually treated .....	4816
(d) Re-treated during the year as the result of periodical examination .....	672

2. Half-days devoted to : { Treatment ... 863 Inspection ... 91 } Total ...	954
3. Attendances made by children for treatment .....	8139
4. Fillings : { Permanent Teeth ... 2633 Temporary Teeth ... 13 } Total ...	2646
5. Extractions : { Permanent Teeth ... 1506 Temporary Teeth ... 7424 } Total ...	8930
6. Administrations of general anæsthetics for extractions..	—
7. Other operations : { Temporary Teeth ... 41 Permanent Teeth ... 806 } Total ...	847

**Group V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.**

- |      |  |       |
|------|--|-------|
| i.   | Average number of visits per school made during the year by the School Nurses .....                | 10    |
| ii.  | Total number of examinations of children in the Schools by School Nurses .....                     | 39568 |
| iii. | Number of individual children found unclean .....  | 7228  |
| iv.  | Number of children cleansed under arrangements made by the Local Education Authority .....         | 25    |
| v.   | Number of cases in which legal proceedings were taken :<br>(a) Under the Education Act, 1921 ..... | Nil.  |
|      | (b) Under School Attendance Byelaws .....  | Nil.  |



